MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 4734 Reg. Dist. No. director. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY COUNTY MARYLAND death. funeral uld be f b. CITY OR IOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give regrest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO DE and c NAME OF 4. DATE Year First Middle DEATH Fille (Type or print) 19 60 Pages 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH MARRIED NEVER MARRIED and campletely Months Days Hours DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician haurs remave INFORMANT Address 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 72 Yes-Unknowt attending please INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY EMORRH IMMEDIATE CAUSE (o) DUE TO 10 MONTHS any permit. Conditions, if ony, which gned gove rise to immediate DUF TO couse (o), stoting the underand lying couse lost. ar attending physician. burial-transit PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY remayal, PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20d. INJURY OCCURRED (Stote) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work p. m. 1960 that I last saw the deceased 21. I certify that attended the deceased fram. 1960 and that death accurred at M. from the causes and an the date stated above. alive on DIRECTOR: DATE SIGNED ADDRESS (Street, city or town, stote) 4630 ACTUAL 60 pe SIGNATURE 0 PHYSICIAN'S ROBERT N. COALE NAME (Type) TO FUNE 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY page REMOVAL (Specify) Maryland Spring. Gate of Heaven Cem 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Bethesda, Maryband Pumphrey Circling & Frank

DATE APR 1 2 '60

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M may valued by the haspital ar attending physician.

2 FUNCAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill.

3 page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board af Health priar to burial, crematian, ar remaval, and in any prefit within 72 hours after death.

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	PLACE OF DEATH O. COUNTY MONTGOME	RY		,	MARYLAND 2.	USUAL RESIDENCE a. STATE MARYLAND	(Where decease	d lived. If institution by COUNTY HOWAR		ce before	admiss	ion)
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	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive stree	et oddress)		d. STREET ADDRESS	S		1.7	е	. IS RES	IDENCE FARM?
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3.	NAME OF DECEASED	Fire	st.	N	iddle	Lost	4. DATE OF	Mon	th	Day	,	Yeor
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110	No	ir yes, give war or dates or si	H-VICE)	NINE	н	OSPITAL RI	FCORDS	0 L	NEY.	Mp.		
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MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeo	Whi	INJURY OCCURRE le Not while ork ot work		OF INJURY (Home, y, street, office bldg.,		y or town)	((	County)	8	(Stote
	21. I certify tha	t (I) (this haspital	) atter	nded the deced	sed fram 4-	-24-	1959, ta_	4-16	- 196	Q, the	at (I) (	we) las
	saw the deceas	ed alive an	4-1	6- 1960	and that dea	th accurred 12	:304 Fram	the causes an	d an the	e date	stated	abave
	220. SIGNATURE	hopo	1	M.D.	M.D	ATTENDING	MED.	STAFF PHYS.			221	SIGNE
	22c. PHYSICIAN'S	10.00				22d. ADDRESS	JINECTON C				4-1	7-01
	NAME (Type)	C. S. WH11	TAKE	p M D		CLAR	KSVILLE	. MARYLAN	D			
22.	BURIAL, CREMATIO				CEMETERY OR C			TION (City, town,			/2+-4	
230	REMOVAL (Specify)	ARRIL 18		40 WARL	S. C	SUE	TAZ	ZEWEL	. L	VII	P G-/	VIA
24.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	10	25a. I	REC'D BY REGIS		STRAR'S SI			
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO FUN VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outlde corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If author corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED First Middle 4. DATE Month Year, (Type or print) DEATH 1960 6. COLOR OR RACE 5. SEX 7. MARRIED D 9. AGE (In years NEVER MARRIED | B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Hours WIDOWED T DIVORCED | yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? (during most of working life, even if retired) . American Research 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Florence 17. INFORMANT SOCIAL SECURITY NO. 577-42-1242 18. CAUSE OF DEATH [Enter only one cause per like for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause DUE TO (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? NO N YES T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part, I or Part II of item 18.) PRIMARY TO ONTRIBUTING CAUSE OF DEATH. Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, forth, i 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Nat while. 1964 at work ot work 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection 74 Inquiry X, and find that death resulted from: Natural causes X, Accident , Suicide , Hamicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER 00 SIGNATURE ASSISTANT MEDICAL EXAMINER 4-14-60 **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) ARLINGTON NATIONAL CEMETE ARLINGTON. VIRGINIA 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) SILVER SPRING, MD. DATE APR 1 9 '60 C. Thur 9 House 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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# MARYLAND STATE DEPARTMENT OF HEALTH 2659 CERTIFICATE OF DEATH

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1	o. COUNTY MONT	GOMERY	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution b. COUNTY	on: Residence before admis	sion)
	b. CITY OR TOWN (If out RURAL ond give negres SILVER	side corporate limits, write t town SPRING	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporote limits, write RI	URAL and give nearest town	n)
	OR INSTITUTION	If not in hospitol, give street N-SILVER SPRI	oddress) NG NURSING HON	d. STREET ADDRESS 1313 MAS	SS. AVE., N.W.	ON A	SIDENCE A FARM? NO
3.	NAME OF DECEASED (Type or print)	First MARY	Middle F .	BARBER	4. DATE Mon		Year 1960
		COLOR OR RACE 7. MARR	ED DIVORCED DIVORCED	8. DATE OF BIRTH 9/2/75	9. AGE (In years lost birthdoy) 84 yrs.	Months Days Hours	
10	Oa. USUAL OCCUPATION ( during most of working Supervisor -	Give kind of work done 10b. life, even if refired)  Dept. of Agri	kind of Business or Induculture U.S.	Sovt. Freepor	or foreign country)	12. CITIZEN OF WHAT C	
13	3. FATHER'S NAME Unkn	iown		14. MOTHER'S MAIDEN !	NAME		
Tion of the second		U. S. ARMED FORCES? 16. s, give wor or dates of service)	social security No. 17.1	. Harold O. Lo	ovre,639 Woodwa Wash. D.C.	erd Bldg.	
	Conditions, if ony, gove rise to imme couse (o), stoting the lying couse lost.	ediote under- CC (c)	leistral leistra artirioschi	Vascular C Lastyray ofic hearts	Recipient Chinsis Disease à Fai	Just + m	o DEATH
CEOTIESCATION	PART II. OTHER S	NDERLYING   20b. DES	CONTRIBUTING TO DEATH BU		Port I or Part II of item 18.)	PERFC	AUTOPSY ORMED?
ALEDICAL C		Month, Doy, Year 20d. II	NJURY OCCURRED 20e. P Not while for work	LACE OF INJURY (Home, farm octory, street, office bldg., etc	n, 20f. (City or town)	(County)	(State)
	saw the deceased 220. SIGNATURE		the deceased fram.	deoth accurred of	M, from the couses an		
	22c. PHYSICIAN'S NAME (Type)	HOMAS N. CART	ER	22d. ADDRESS 1746	Kst N.W	Wash I	)C
2	TRANS & BURIAN	23b. DATE THEREOF  [AL 4/29/60]	23c. NAME OF CEMETERY O		FREEPORT,		ite)
2	FUNERAL DIRECTOR'S SHOWARNER E PUN	SHAREY, INC.	STLVER SPRIN	G, MD. 25a. REC		STRAR'S SIGNATURE	200

TO HOSPIZAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be bined by the hospital or altending physician.
TO FUNE DIRECTOR: After this cartificate by the hospital or altending physician. VR A1S (4) 1SM 9/59

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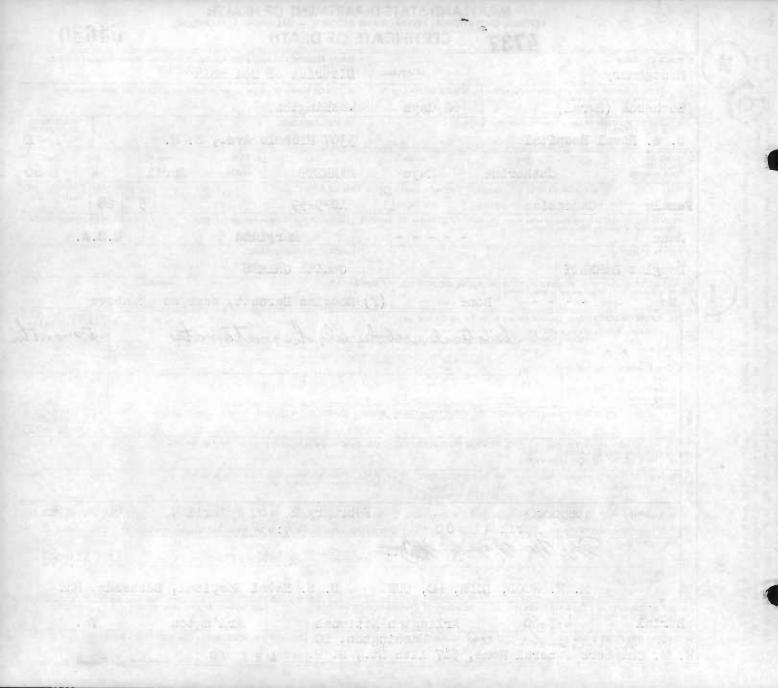
requires that the death certificate

W. W. Chambers Funeral Home, 517 11th St., S. E. DATE APR 7

25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR

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CERTIFICATE OF DEATH 4684 Reg. Dist. No. director ofter death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) OUNTY b. COUNTY MARYLAND onto omeru KINCE the funeral should be (i) b. CITY OR TOWN of outside corporate limits, write c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town PURAL and give pearest own) aranac akoma 1ark d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM YES | NO Mashin axillm NAME OF First Middle DATE Month Year Day DECEASED filled (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Jast birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 10/17/80 Months Days DIVORCED | camplet WIDOWED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CHIZEN OF WHAT COUNTRY? oring most of working life even if retired) Contracting Company puo ben 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME uo Unknown Unknown low requires that the death certificate s attending physical properties of the state 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 245-09-4342 No Ade I philanteda BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] ONSET AND DEATH Then pl PART I. DEATH WAS CAUSED BY 5 min. IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which been signed gove rise to immediate per DUE TO cause (a), stating the underlying cause last burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WAS AUTOPSY ovo PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II af item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Month Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Haur a. m. While Nat while of work of wark p. m 19 hat I last saw the deceased 21. I certify that I attended the deceased fram. 1044 and that death accurred at 9:35 AM, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, DATE SIGNED DIRECT ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOI 22d. LOCATION (City. 22c. NAME OF CEMETERY OR CREMATORY town, or county) (Stote) TRANSIT & BURIAL CEDAR GROVE CEMETERY NEW BERN 4/23/60 CRAVEN COUNTY, N.C. 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24n, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE PUMPHREY ANC. NER E. SILVER SPRING, MD. VS A15 (4) DATE APR 2 2 '60 15M 9/5B arthus & Hears

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 1,4632 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Dunty o. COUNTY b. COUNTY filed MARYLAND Leland St Leland Street 4113 b. CITY OR TOWN (If outside corporate limits, wrife c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Jown) c. LENGTH OF STAY IN 16 RURAL and give nearest fown) P Chevy Chase, Md. Chevy Chase, Md. d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE Md. ON A FARM? 4113 Leland Street YES NO IN Chase NAME OF Middle 4. DATE Lost Month Year DECEASED April Allene 30 1960 (Type or print) Barrett DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min B. DATE OF BIRTH Days Hours DIVORCED | WIDOWED | 4-14-1878 Female 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Washington. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Allen Barrett Fannie J. Barrett IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Wash Joseph W. Thomas. 4916 Blaine No None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, 20f. (City or town) Day, Year (County) (State) factory, street, affice bldg., etc.) While Not while at work of ot work 30, 1960, that I last saw the deceased 21. I certify that I attended the deceased from. and that death accurred at The A.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (State) REMOVAL (Specify) 5-3-1960 Oak Hill Cemetery 0 Burial Washington 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 9/S5

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-CREEFICATE OF DEATH ... Hont comony one de library Kethodist en WALL REALDED TO THE the horas ments affiliation Fi remin ofme members foods . B. E. U THESE VETROES SELECTED Susan B. Spotts doingress asmot motgarages Sarah S. Glovar, M. D.

**CERTIFICATE OF DEATH** 4738 with I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. counMontgomery b. COUNTY Mary land MARYLAND death. ero c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) should Life Burtonsville **Burtonsville** d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS Santini Road Santini Road puo NAME OF First Middle 4. DATE Lost Month OF DEATH April Cleve land Beal1 (Type or print) Bernard Poges E within 9. AGE (In years lost burthdoy)
70 yrs. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED TONEVER MARRIED Sept. 30. 1883 Male White DIVORCED T WIDOWED T 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Burtonsville, Mary land Lumber Operator-saw mill carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion Joseph Beall Mary Ella Willcox remove 72 hours IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ottending Mrs. Bernard Beall, Burtonsville, Maryland no no 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ā PART I. DEATH WAS CAUSED BY Chronic Myocarditis IMMEDIATE CAUSE (0) DUE TO ģ Conditions, if ony, which gued requires gove rise to immediate **DUE TO** couse (o), stoting the underpuo lying couse lost. buriol-tronsit CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificote WEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) Use Hour 0. m Not while of work of work 21. I certify that I attended the deceased from Teb 60 and that death accurred at 8:25 A.M., from the causes and an the date stated above. ACTUAL 402 Main Street.Laurel.Maryland DIRE SIGNATURE should PHYSICIAN'S Robert S. McCenev.M.D. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge REMOVAL (Specify)
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Montgomery

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(County)

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Months

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

64635

1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) a. STATE b. COUNTY
Montgomery MARYLAND	Maryland Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  SILVER SPRING	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  28 Silver Spring
d. NAME OF HOSPITAL (If nat in hospitol, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
1959 SEMINARY ROAD	/ 1959 Seminary Road
3. NAME OF First Middle DECEASED	Last 4. DATE Manth Day Year
(Type or print) BESSIE L	BECKERT DEATH 4 7 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  12/16/74  9. AGE (In years lost birthday) Months Days Hours Min.  Worths Days Hours Min.
FEMALE WHITE WIDOWED DIVORCED	
10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) HOUSEWIIE	ISTRY 11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?  U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas J. Bean	Fannie C. Kidwell
	NFORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service)	self
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	- INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (o)	Cosara Calon Large
33/X DUE TO	I Coloris classis From
Conditions, if ony, which gove rise to immediate	ged Orlever School Jean
couse (o), stoting the under-	
lying cause lost. ) (c)	
6 Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \bigcap \text{ NO } \bigcap \)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Part II of item 18.)
	LACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State)
Coc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED   20e. Place   Not while of work of work of the other states   19   19   19   19   19   19   19   1	actary, street, office bldg., etc.)
21. I certify that (1) (this hospital) attended the deceased fram.	1947, to 22-07, 1960 that (1) (we) last
saw the deceased alive an Control 7 1960, and that	death occurred at 62 M, from the couses and on the date stoted above.
22a. SIGNATURE	22b. DATE
( Soton) O ( one 2)	M.D. PHYS. DIRECTOR PHYS. STAFF
22c. PHYSICIAN'S John S. Rogers	22d ASDRESS Seminary Rd. Silver Spring,
23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
	oln Cemetery Prince George, Md.
24 FUNERAL DIRECTOR'S SIGNATURE 2901 ADDRESH St.	N.W. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
The S.H. Hines Co. Washington 9.	D C
""	D. C. DATE APR 11'60 Griday & Trans

TO HOSPITA may TO FUNERAL VR A15 (4) 15M 9/59

THE RESERVE OF STREET A MARCHINE TON  DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	4080	CERTIFICA	TE OF DEATH						
1. PLACE OF DEATH a. COUNTY	MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (W	here deceased ND	lived. If institution b. COUNTY	MONT			an)
RURAL and give		10 yrs.	c. CITY OR TOWN (IF		ate limits, write R	URAL and s	give near	rest tawn)	
d. NAME OF HOS	SPITAL (If not in haspital, give street ad 228 PARK AVENUE	ddress)	d. STREET ADDRESS 228 PARK		1		e	ON A	FARM?
3. NAME OF DECEASED (Type or print)	First GRI SAMUEL	EER Middle BE	LL, JR.	4. DATE OF DEATH	Mon	th RIL	Day		ear 960
S. SEX MAI.E	6. COLOR OR RACE 7. MARRIE WIDOWED		B. DATE OF BIRTH  June 3, 1904		9. AGE (In years last birthday) 55 yrs.	IF UNDER Months	1 YEAR Days	Hours	R 24 HRS Min.
10a. USUAL OCCUPA during most of v IRON WOR	ATION (Give kind of work dane Not kind if the kind of working life, even if retired)  KER  Atl	as Machine &		e ar fareign co	untry)		S.A.	WHATCO	DUNTRY
13. FATHER'S NAME SAMUEL G	GRIER BELL, SR.		MARY ELI		BALMER				
(Yes, no, or unknown)	EVER IN U. S. ARMED FORCES? 16. SC (If yes, give wor or dates of service) 578.	001AL SECURITY NO. 17. I	NFORMANT Irs. Margaret	P. Bel:				RVAL BET	
Canditions, i gave rise to cause (a), stati lying cause to	immediate DUE TO	Hyperte	ensive h	eart MINAL DISEASE	disea	ZA C.	Ce	n kn	AUTOPSY
20g. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	PERFORMED? YES NO V  200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
20c. TIME OF IN Hour a.	m. While	Nat while fo	LACE OF INJURY (Hame, for- octory, street, office bldg., et	m, 20f. (City	or tawn)	((	County)		(State
saw the dec	21. I certify that (I) (this hospital) attended the deceased fram. (20 19.58, ta 1/3, 19.60, that (I) (we) last saw the deceased alive an 4/4 19.60, and that death accurred at 4/2M, from the causes and an the date stated abave.  22a. SIGNATURE  ATTENDING  MED. STAFF PHYS. DIRECTOR PHYS. PHYS.								
22c. PHYSICIAN NAME (Typ		AGI	22d. ADDRESS	Bluel.	- 12 1	ile J	brik	4,14	usl
23a. BURIAL, CREMA REMOVAL (Spec BURIAL	ATION, 23b. DATE THEREOF 4/16/60	23c. NAME OF CEMETERY OF LINCOLN	DR CRÉMATORY CEMETERY		ION (City, town,		, MA	(State	
24. FUNERAL DIRECT	OR'S SIGNATURE IN INC.	SPEEVER SPRI	ING, MD. 250. REC	APR 18		STRAR'S SI			

may be nined by the haspital or attending physician.

O FUNEXA: DIRECTOR: After this certificate has been signed by the attending physician and campletely filled. by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITA may be VR A1S (4) 15M 9/59

urs after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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		4	739	CEKTIFICA	IE OF DEATH				
1, P	LACE OF DEATH COUNTY	ontgomery		MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary		lived. If institution b. COUNTY	Montge	
Ь	RURAL ond give n	If outside corporate limit earest town) ethesda	ts, write c. LE	NGTH OF STAY IN 16	c. CITY OR TOWN (If		ote limits, write RU	JRAL and give no	earest town)
c	OR INSTITUTION	TAL (If not in hospitol, g			d. STREET ADDRESS	Marq	uette T	errace	e. IS RESIDENCE ON A FARM? YES NO
C	NAME OF DECEASED Type or print)	Fir Ed	win	Middle Leonard	Bingham	4. DATE OF DEATH	April	16	19 6
S. S	Male	6. COLOR OR RACE White	7. MARRIED K	NEVER MARRIED   DIVORCED	8. DATE OF BIRTH 7/17/1897		9. AGE (In years lost birthdoy) 62 yrs.	Months 29	Hours Min
C	during most of wor	king life, even if retired	Hom		<del>-</del>	g	ountry)	USA	PF WHAT COUNTR
		DeWitt B			14. MOTHER'S MAIDEN		iday		
	WAS DECEASED EVI	ER IN U. S. ARMED FOR (If yes, give wor or dates of st	ervice)		nformant lara E. Bin	gham-	wife-sa		
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Aco	(0), (b), and (c).]	0			120	TERVAL BETWEEN
	Conditions, if a gove rise to couse (a), stating	immediate (	DA	DIKHOGEN	ne CARCENOI	ma E	METASTI	Asis	8mos
CERTIFICATION	PART II. OT  20g. ACCIDENT W OR CONTRIBUTING	HER SIGNIFICANT CON  WONCHES  AS UNDERLYING   CONTROL OF DEATH	TASIS		T NOT RELATED TO THE TERM			EN IN PART 1(o)	19. WAS AUTOPPERFORMED? YES NO
MEDICAL CI	20c. TIME OF INJUI Hour o. m. p. m.	( MEDICAL EXAMINER)  RY Month, Doy, Yes	While I	OCCURRED 20e. PI	ACE OF INJURY (Home, for actory, street, office bldg., et	m, 20f. (City	or town)	(County	r) (Sto
	21. I certify the	W. L	0- 11	he deceased fram.	JAN 1 19 death accurred a	M, fram	the causes an		hat (I) (🖦 la
	22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Bosen	cono)	Min	M.D. ATTENDING PHYS. D	AED. DIRECTOR	STAFF PHYS.	4/16/6 Vrv. 1	22b. DATE SIGN
23a	BURIAL, CREMATION REMOVAL (Specify Burial			NAME OF CEMETERY OF			TION (City, town,	or county) Virgin	(Stote)
24.	FUNERAL DIRECTOR Robert	A. Pumphr	_	thesda, M		D BY REGIST		STRAR'S SIGNAT	

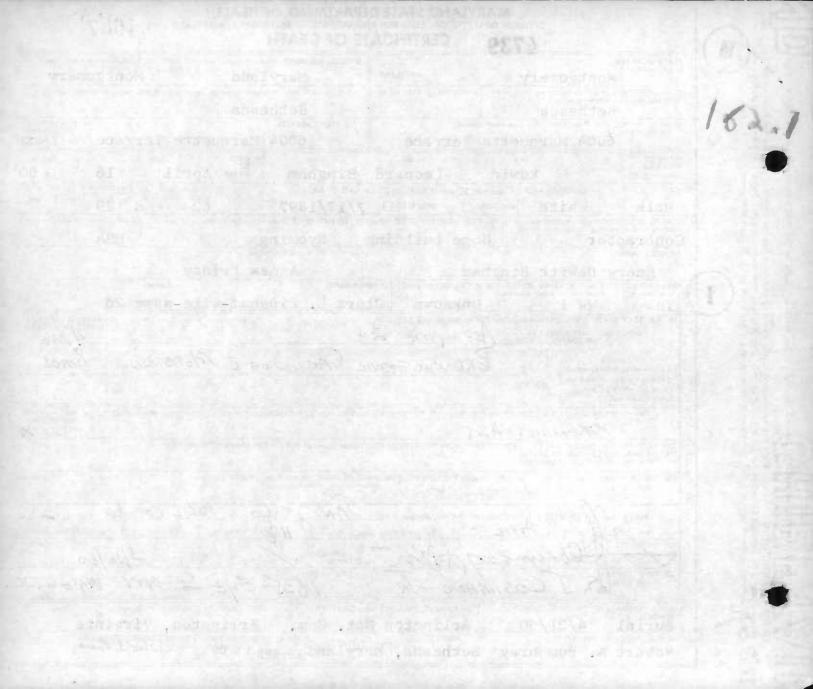
may be dired by the haspital ar attending physician. **3 FUNERAL DIRECTOR**: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, crematian, ar remayal, and in any event, within 72 hours after death. may b

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

Page 4

urs after death.

TO HOSP VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 4740 Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND funeral b. CITY OR TOWN (If autside carporate limits write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pe RURAL and give nearest town) ploods d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION YES NO T puo NAME OF First Middle 4. DATE Month Day Yeor filled DECEASED OF DEATH Pages (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS completely last birthdoy) Months Days Hours WIDOWED M DIVORCED [ 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) ond ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion hours remove WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. 72 attending ease 5 18. CAUSE OF DEATH [Enter only one cause per liperfor (o), (b), and (c).] INTERVAL BETWEEN ONSET AND, DEATH 0 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO Conditions, if ony, which gned gove rise to immediate DUE TO couse (o), stoting the underlying couse lost buriol-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 9 os 20c. TIME OF INJURY Month, Doy, Year 20e, PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work 21. I certify that I attended the deceased fram Sthat I last saw the deceased and that death accurred at 140 alive an M, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL pe prior SIGNATURE page 3 shauld P.P. ANDREWS, M.D. TO FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d AOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) CEMETERY WASHINGTON 24g. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE Cirilwa S. Thouse VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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## MARYLAND STATE DEPARTMENT OF HEALTH

Pennsylvania

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

c. LENGTH OF STAY IN 1b

MARYLAND

1:4641

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b. COUNTY

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1	R.E.
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PLACE OF DEATH o. COUNTY

Montgomery

b. CITY OR TOWN (If outside corporate limits, write

the funeral a 24 puo Pages ofter ond physician

attending E attending ached CTOR:

RURAL and give nearest town) 25 days Harrisburg Bethesda (Rural d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? U. S. Naval Hospital 1823 Mulberry Street YES NO X 4. DATE NAME OF First Middle Month Day Yeor DECEASED DEATH (Type or print) April 16 19 60 Sara Elva BROWN 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX B. DATE OF BIRTH lost birthdoy) Months Doys Hours Female DIVORCED 3-8-13 Caucasian WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Officer U.S.A. U. S. Navv Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John BROWN Mable YEAGER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes 201-16-4558 Hospital Records 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES Y NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that (I) MINIMUM attended the deceased from March 22 1960, to April 16 1960, that (1) (XX) last the deceased alive an April 1960 and that death accurred at IOAM, from the causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR | PHYS. 22 PHYSICIAN'S 22d. ADDRESS NAME (Type) U. S. Naval Hospital, Bethesda, Md. Joseph A. MURGALO. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 4-21-60 Arlington National Arlington Virginia 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR arthur S. Kraus W.W.Chambers Funeral Home, 3072 M St, NW, WashDC DATE APR 21 '60

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	Montgomer	V	MARYL		. USUAL RESIDENCE o. STATE	(Where decease	d lived. If institution b. COUNTY	2.0	before admis	
	If autside carporate limi earest town)		LENGTH OF STAY IN	1 1b	c. CITY OR TOWN	3	prate limits, write R			
d. NAME OF HOSPI	Battery		lress}		d. STREET ADDRES	55	ery Lan	e	ON	A FARM?
3. NAME OF DECEASED (Type or print)	Fir MIN		Middle J.	В	ROWNING	4. DATE OF DEATH	Apr		Doy 11	Year 19 60
s. sex Female	6. COLOR OR RACE White	7. MARRIED			Nov. 4,	1884	9. AGE (In years lost birthdoy) 75 yrs.	Months Do	YEAR IF UND	1
Housew:	king life, even if retired	done 10b. KIN	ND OF BUSINESS OR		Del	laware	country)	12. CITIZE	US	COUNTRY
13. FATHER'S NAME Robe:	rt S. Mor	ris			14. MOTHER'S MAID Sall	y John	son			
1S. WAS DECEASED EVE (Yes. no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. SO ervice) NO1			rmant rginia H	Daught	er Add	· Mary		
Canditions, if a gove rise to a couse (a), stating lying couse last.	the <u>under-</u>	Cer H3	etrol	Hisi	s Hen	t Sle	0.		INTERVAL BONSET AND	La.
20g. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING CAUTH	no	BE HOW INJURY OC	40				/EN IN PART I	PERF	FORMED?
	RY Month, Day, Ye	ar 20d. INJU While of work [	_ Nat while		OF INJURY (Home, y, street, affice bldg		y ar tawn)	(Cou	unty)	(State
21. I certify the	at (1) (this hospital	Nattended	1) 1.10		ith accurred at	1947.ta	APRIL I		that (1)	
220. SIGNATURE	LJa	ell,	ud.	M.I	-	MED. DIRECTOR	STAFF PHYS.		4/11	SIGNET
22c. PHYSICIAM'S	.TAK	BB,1	4,0		13000	GA.	10E SI	1.16	110	).
23a. BURIAL, CREMATIC REMOVAL (Specify BURIAL			Ft. Lin		Cemeter		ince Ge		_	id.
24. FUNERAL DIRECTOR Robert A		v Be	ADDRESS thesda.	Marv		REC'D BY REGIS	0.0	STRAR'S SIGN		

may be sined by the haspital or attending physician.

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled at by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any exert within 72 haurs after death. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 TO HOSPIN VR A1S (4) 15M 9/59

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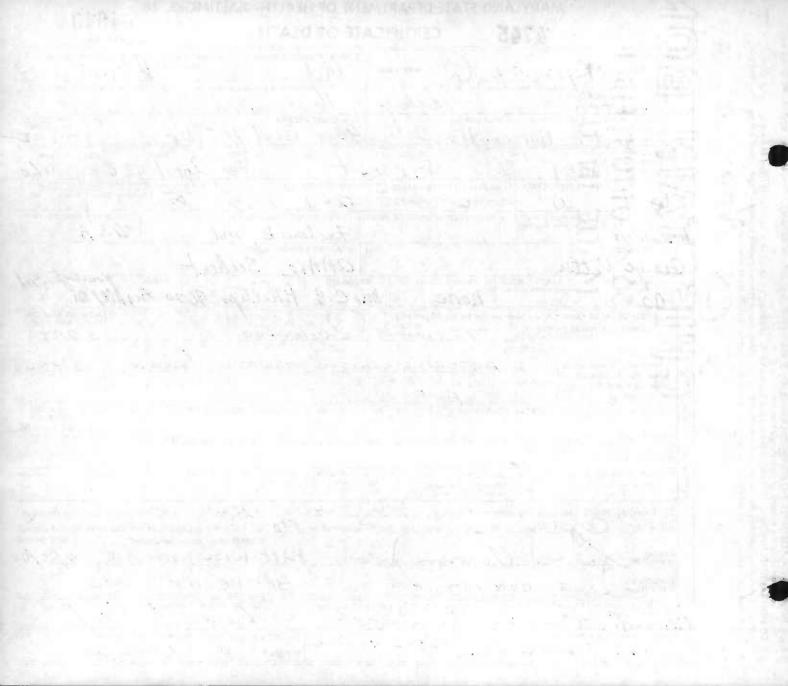
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### 4745 CERTIFICATE OF DEATH Reg. Dist. No. directar 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY filed b. COUNTY-MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pe RURAL and give neorest town) should 89 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 20 YES NO T NAME OF First Middle 4. DATE Last Month Day Year filled OF DEATH Pages (Type or print) 19 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH lost birthdoy) Months Days DIVORCED [ camplet 3 WIDOWED 1 Zyrs. papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ond Housewell carbon 13. FATHER'S NAME physician George remave hours WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN' 72 aftending please within CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY men ununu IMMEDIATE CAUSE (o the DUE TO by TERIOSCLEROTIC HEMASS Conditions, if any, which NEADE gned gave rise to immediate DUE TO cause (a), stoting the underlying cause last burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour g. m. While Not while at work at work p. m 19 45 19 6 that I last saw the deceased 21. I certify that I attended the deceased fram. , and that death accurred at 5 32 40 alive an \_M, from the causes and on the date stated abave. DIRECTOR ADDRESS (Street, city or town, stote) **DATE SIGNED** PV ACTUAL SIGNATURE 8218-WISCONSIN AVE ned shauld pri PHYSICIAN'S BETHESOA MD DONOVA NAME (Type) FUNERA 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, of county) (State) page may REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) arthur S. Kroun '60 DATEMAY 15M 9/58

death.

requires that the death certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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urs after death. Page 4

by the funeral director, **DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled by detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and of Health prior to burial, cremotian, or removal, and in any event within 70 hours after death. page 3 should be detached for use as the burial-transit permit. Then please rem the State Board of Health prior to burial, cremotion, or removal, and in any even

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPY VR A15 (4) 15M 9/59

	414		CERTIII	UMIL	OI DEATH					
1. PLACE OF DEATH o. COUNTY Maryland	11 -		MARYLA		usual RESIDENCE (Who a. STATE Mashington,		b. COUNTY	on: Residence	before adm	ission)
b. CITY OR TOWN RURAL and give Bethesda		ts, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (IF o			URAL and gi	ve nearest to	wn) B
OR INSTITUTION	PITAL (If not in hospital, g N Val Hospital		address)		d. STREET ADDRESS 1682 Irving					ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir Veli		Middle Rodrigu	lez	CARMONA	4. DATE OF DEATH	Mon Apri		Doy 27	Year 19 60
5. SÉX	6. COLOR OR RACE	7. MARR	NEVER MARRIED	□ B. D	ATE OF BIRTH		9. AGE (In years		YEAR IF UN	IDER 24 HE
Female	Caucasian	WIDOWI	DIVORCED		6-21-24		35 yrs.	Months [	Days Haus	rs Min.
10a. USUAL OCCUPA during most of w Housewif	TION (Give kind of wark or orking life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote Chile	ar foreign c	ountry)	12.CITIZ	le .	COUNTR
13. FATHER'S NAME			TABLE SELECTION	1	4. MOTHER'S MAIDEN N	NAME				
Waldo RO	DRIQUEZ				Caida BALL	INI				
15. WAS DECEASED E (Yes, no. or unknown)	VER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	social security no.	17. INFO	mant pital Recor	ds	Addr	ress		
Candilians, if gave rise to cause (a), statin lying cause los	immediate DUE TO	to	demea of	pre	an acced		E CONDITION GIV	EN IN PART	PER	S AUTOPS FORMED?
OR CONTRIBUTION	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	inter nature of injury in	Part I ar Par	t II af item 1B.)	7		1434
20c. TIME OF INJ	URY Month, Day, Yee n. 19	20d. II While at war	Nat while	De. PLACE factory	OF INJURY (Hame, farm, street, affice bldg., etc	20f. (City	or tawn)	(Co	ounty)	(Sta
saw the dece	hat (I) (thischespine) eased alive an ADI	) attend	led the deceased fr 7160 , and the	am Ap	ril 26 19 h accurred a0:1	. am	April 27 the causes an			ed abav
22a. SIGNATURE	mes Huis	tin	0	M.D	ATTENDING MI DI	ED. RECTOR	STAFF PHYS.		4-2	226. DATE SIGNI 27-60
NAME (Type	J. A. AUST		LT, MC, USN		U. S. Nava					
Burial Shi		OF /	23c. NAME OF CEMETE Unknown			San	TION (City, town, o		Chile	tate)
RI A Pun	phrey Funer	All	Me 7 Bethesd	a, Ma		D BY REGIST		STRAR'S SIGN		

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VS A15 (4) 15M 9/58

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4748

**CERTIFICATE OF DEATH** 

Rea. Dist. No

3												
)	1. PLACE OF DEATH o. COUNTY Montgomery	r		MARY	rland 2.	usual residence (Who a. STATE Pennsylvan:		lived. If institution b. COUNTY	ın: Residen	ce before	admissi	on)
	b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If or		ote limits, write RL	JRAL ond (	give near	est town	1 2
	d. NAME OF HOSPITA OR INSTITUTION	AL (If nat in haspital, g	jive street	10 days		d. STREET ADDRESS				10	, IS RESI	DENCE FARM?
0		cal Center,			Md.	RD #1 Port	Vue R	oad				NO K
	3. NAME OF DECEASED (Type or print)	Fir Vira	d Zinia	Middle Rut		Carothers	4. DATE OF DEATH	Apri		Doy 6		rear 19 60
	5. SEX		1	IED NEVER MARRI		PATE OF BIRTH	- 201	9. AGE (In years last birthday)	IF UNDER Months	1 YEAR I	F UNDE Hours	R 24 HRS. Min.
	Female	White	WIDOWE		D	May 17, 1920	)	39 yrs.	120 000		17111	
	10a. USUAL OCCUPATIOn during most of work Housewife	N (Give kind of work ing life, even if retired	)	KIND OF BUSINESS O	OR INDUSTRY	Pennsylv		untry)		S. S.		OUNTRY?
	13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	IAME					
	Charles Ho	oak				Sue Markel						
)	15. WAS DECEASED EVER (Yes, no. or unknown)	IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO 72-14-6672		Clinical Cer				Mary	land	i
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	My	ne for (o), (b), ond (c)	•					ONSE	T AND	DEATH
	Canditians, if or gave rise to in	nmediate	Mi	tral Stenos	sis					13	yea	rs
	cause (a), stoting (	he under-		eumatic Hea	art Di	sease				13	yea	rs
)	[2]	er significant con nesia induc		CONTRIBUTING TO DE	EATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(a) 19	PERFO	RMED?
		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY C	OCCURRED. (	Enter nature af injury in f	Part I or Port	II of item 18.)				
		Month, Day, Ye	While	NJURY OCCURRED  Nat while k of wark	20e. PLACE foctor	OF INJURY (Hame, farm y, street, office bldg., etc.	, 20f. (City	ar town)	(0	County)		(Stote)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Lazar J.	2, 19 ufe	field, M.D	t death ac	National Bethesda	M, fram ADDRESS (SI Cal Ce Instit	the causes an reet, city or town, onter outes of oryland	d an the	e date <u>1</u> h	stated DAT /6/6	d abave. E SIGNED
	220. BURIAL, CREMATIO REMOVAL (Specify) PEMOVAL	14/7/6	0	22c. NAME OF CEN	AETERY OR C	NEM AT OKT	Eli	zabeth,	Pa.		(Stot	<b>b</b> }
	The S. H.	Hines Co		01 124th shington		• ** •	D BY REGIST	0.0	othun 1			

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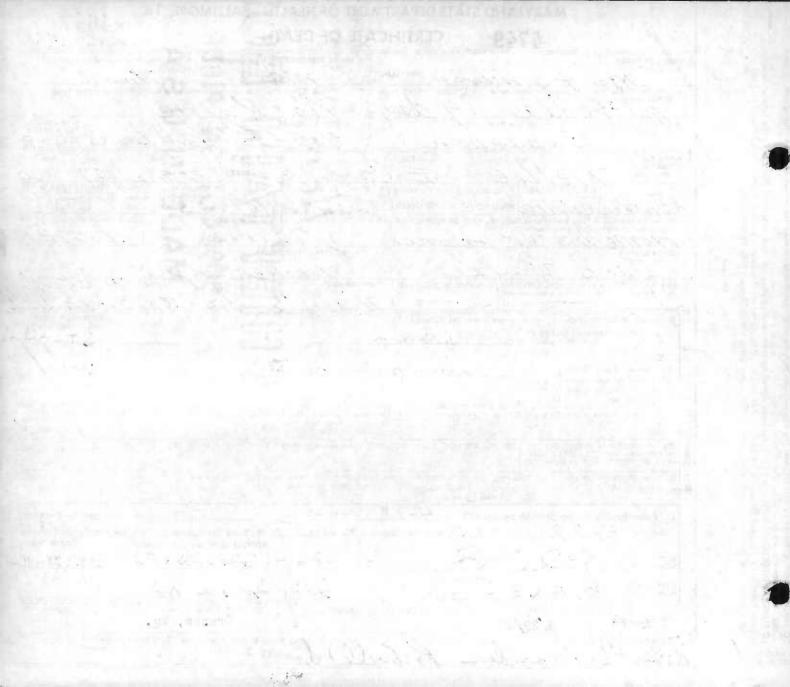
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Year

19

(State)

death. the death certificate be executed VS A15 (4)



	4.1	50	CERTIFIC	AIE OF L	JEAIL			Reg. Di	st. No.	
1. PLACE OF DEATH a. COUNTY	Montgomery		MARYLAND	- STATE		ere deceased	lived. If institu b. COUNT		nce before adm	nission)
	If autside corporate limits, w	vrite c. LEN	NGTH OF STAY IN 16	c. CITY OR	TOWN (If or	utside corpore	ote limits, write	RURAL and	give nearest to	awn)
Bethe			4 days	Was	hingto	on			47X	-3
	TAL (If not in hospital, give :	street oddress	}	d. STREET A						RESIDENCE
	Suburban			220 Qu	ackent	os St	N.W.			□ NO [
NAME OF	First	400	Middle	Las	it .	4. DATE OF		onth_	Day	Yeor
(Type or print)	Nite	1	B. (	Carrigan		DEATH	Ap	ril	25	19 60
S. SEX	6. COLOR OR RACE 7.	MARRIED [	NEVER MARRIED	B. DATE OF BIRT	Н	9	. AGE (In year	IF UNDER	YEAR IF UN	
Female	White wi	DOWED	DIVORCED [	7/28/71		-	lost birthdoy)	Months .	Days Hou	rs Min
Oa. USUAL OCCUPATION	ON (Give kind of work done king life, even if retired)	10b. KIND	OF BUSINESS OR IND	USTRY 11. BIRTHPI	ACE (Stote	or foreign co	entry)	12.CIT	IZEN OF WHA	TCOUNTR
Retir			emaker				M ary	land	U	.S.A
3. FATHER'S NAME				14. MOTHER'S						
Thoma	s Jefferson H	lardest	V		Franc	ces M :	ller			
. WAS DECEASED EVE	R IN U. S. ARMED FORCES	7 16. SOCIAL		INFORMANT			n Ave Ad	drPrien	dship	Hgts.
Yes, no, or unknown)	(If yes, give wor or dates of service	" Nor	10	Son Mr		Carr				
IR CAUSE OF DE	ATH [Enter only one couse			10000					INTERVAL	RETWEEN
	ATH WAS CAUSED BY:	Per tille for (	01, (01, 6110 (0).]	11.	-	1			ONSET AL	
TAKE I. DEF	IMMEDIATE CAUSE (o)	cer	eliral	Hema	rra	RAL			tw	Her
15 10 10 10	DUE TO								Ma	m
Conditions, if o	inv which )	11	1600	1					11/	5
gove rise to i	m mediate	1	and the same	~					172	
couse (o), stoting	the under-	(9)	118-	0					a	18
lying couse lost.	) (c)	ONE CONTRA	900	IT NOT BELLETED TO	THETERAL	IAL DISCASS	COMPLETIONS	IVEN LINE BAR	7 1/ 1/10 1//	C ALITOR
PART II. OTI	HER SIGNIFICANT CONDITION	ONS <u>CONTRI</u>	BUTING TO DEATH BU	UT NOT RELATED TO	) THE TERMI	NAL DISEASE	CONDITION G	IVEN IN PAR	PER	FORMED?
(IF EITHER, NOTIFY	AS UNDERLYING 206 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE H	IOW INJURY OCCUR	RED. (Enter nature o	of injury in F	ort I or Port	ll of item 1B.)			
20c. TIME OF INJUR Hour o. m.		20d. INJURY		PLACE OF INJURY			or town)	(	County)	(Sto
Hour o.m.		While N	lot while	foctory, street, offic	e biag., etc.	1				
p. m.			01.0	7 106	7. 1	1.0 7	B	2		
07 1 416 11		consed tre	am Alland	4 1921		WAR AND		-Mat I	ast saw the	deceas
21. I certify th	diffended the de	cedsed in			o to N	7				
21. I certify the	affended the de	19.60		th accurred at		M, fram t			e date stat	ed aba
1	affected the de	19.60			21157			ind an th		
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alive on	Bradlayl	19.60 Hos			21157		he causes a	ind an th		
actual SIGNATURE PHYSICIAN'S	Bradlayl	19.60 Hod			21/18		he causes a	ind an th		
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Bradlayl  B.D. Hodgkins	19.60 Hox	, and that deal	th accurred at	21157	ADDRESS (Str	he causes of cet, city or town	ind an the		ed abay
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	B.D. Hodgkins	19.60 2000		M.D. HH	2spt 3/a	ADDRESS (SIR BLANDESS (SIR BLA	he causes a	ond an the state)	4/2	DATE SIGN
alive on	B.D. Hodgkins DN. 22b. DATE THEREOF 4/28/60 'S SIGNATURE	19 60 Ho A	, and that dear	M.D. MALON OR CREMATORY	2111 / 3 / 6 / Clave	ADDRESS (SIR BLANDESS (SIR BLA	he causes of the	ond an the state)	4/2 4/2 4, MARY	DATE SIGN

TO FUNERAL TO HOSP VS A15 (4) 15M 9/5B

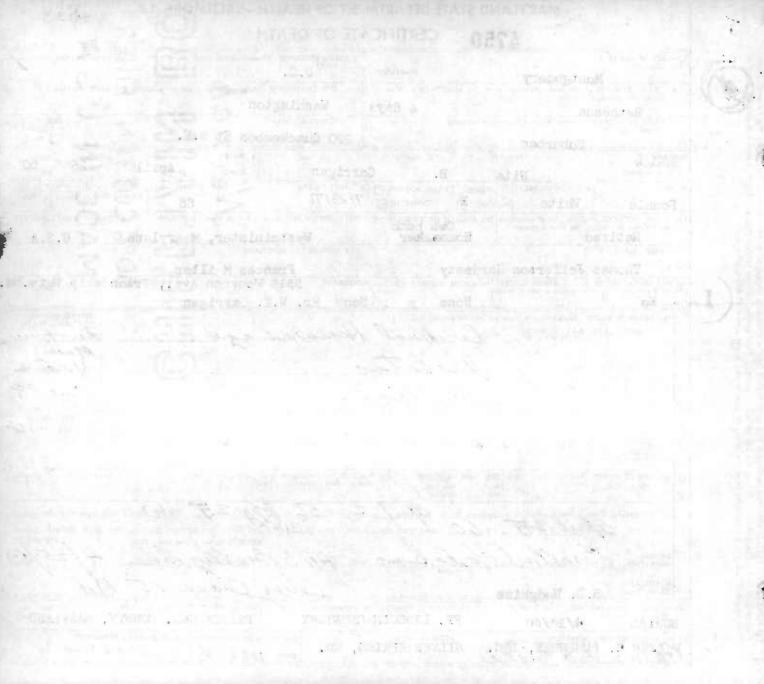
may be fined by the haspital or attending physician.

2 FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be with

the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2/

rs after death. Page 4



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH director. They director. They director. They are files. o. COUNTY O. STATE MARYLAND b. COUNTY MONTGOMERY MONTGOMERY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town! KENSTNGTON 6 VIS. KENSTNGTON e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? 3507 FARRAGUT ST. 3507 FARRAGUT ST. YES NOT P 4. DATE Middle Month Doy Year NAME OF First OF DEATH DECEASED ELIZABETH CASEY APRIL 6 1960 B. (Type or print) 9. AGE |In yours IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH Months ! Min. Hours FEMALE WHITE WIDOWEDT DIVORCED | YES. 10a. USUAL OCCUPATION (Give kind af wark done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) .. CITIZEN OF WHAT COUNTRY? WILSON, MARYLAND U.S.A. HOMEMAKER OWN HOME 14. MOTHER'S MAIDEN NAME pages 13. FATHER'S NAME Pages n PM3. ROWAN JOHN RUNKER MARY KKXXXXXX KEARNEY event form Give File 17. INFORMANT 16. SOCIAL SECURITY NO. Address IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Mr. James E. Casey. 3507 Farragut St. NONE Kensington, Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Sudden Coronary occlusion IMMEDIATE CAUSE (o) DUE TO Generalized arteriosclerosis Years Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILO] 19. WAS AUTOPSY Gxo PERFORMED2. pesa NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of Item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 120f, (City or town) (State) Month, Day, Year 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY factory, street, office bldg., etc.) While Not while a. m. at work of work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . opinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE 4/6/60 ASSISTANT MEDICAL EXAMINER FUNERAL EXAMINER'S DEPUTY MEDICAL EXAMINER BROSCHART NAME (Type) 22d. LOCATION (City, town, or county) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Oakland, Maryland St. Peters Cemeterv 6/9/60 BURIAL. 0 7 ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE arthur & Kround

SILVER SPRING. MD.

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VS. ALSME

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacassed lived, If institution: Residence before edmission) y is necessary, I director. Page or your files. e. COUNTY b. COUNTY Mentgemery Maryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give neerest town) Wheaten yrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained the State B 11806 Judsen Rd. 11806 Judsen Read YES NO IL 3. NAME OF 4. DATE Middla Last Year DECEASED the (Typa or print) DEATH April29. 60 19 after Ann Chapman Ahin 24 hours an.

3. Give Pages 1, 2, and
The Pages 1 and 2 with
The Pages 1 and 2 with
The Pages 1 and 2 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Deys 75 yrs. WIDOWED DIVORCED [ 8-4-1884 AL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) Own home U. S. A. England Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Saunders Mary Jones "In pencil in Item 18, Give office along with form P burial-transit permit, File I JS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Vas. no. or unkown) | (If yas giva war or dates of service) Item #2 Wm. A. Beall none 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] INTERVAL BETWEEN Sudden PART I. DEATH WAS CAUSED BY: Coronary Occlusion and IMMEDIATE CAUSE (e) DUE TO removel. Years Hypertentien Conditions, if eny, which (b) "pending" geve rise to immediate cause 10 DUE TO ease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner" FUNERAL DIRECTOR: Page 3 should be used as its designated agent. (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? History of previous corenary disease. NO J 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Pert I or Part II of itam 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (Steta) fectory, street, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** Frank J. Broschart, M. D. NAME (Type) 1960 Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 940 P CEDAR HILL CEMETERY PRINCE GEO. COUNTY, MARYLAND BUR TAL 5/3/60 ADDRESS 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME SILVER SPRING. MD. Orthur S. Krous DATE MAY 3 '60 5M 7/59

HTURSE TO TALLETS A TEN WEATS SHOP THE A STORY 1.312 Y , but he show outside ... Cart . YELing to The Last ... . Its . Mister Area of the committee of the Area and . A Community of the state of the CORNELINGUE DE CORNE DE LA CORNELINA CONTRA CALLED THE COUNTY OF THE PROPERTY OF THE PARTY OF THE PAR CANADA NO. 6 No. 1 - 100 MILITER TOWN OF THE PARTY OF THE

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	Z	133	CERTIFICA	ATE OF D	EATH					200	7 1
1. PLACE OF DEATH	ONTGOMERY	-01/2	MARYLAND	2. USUAL RESI	DENCE (WH MARYI		lived. If instituti b. COUNTY		nce befor		ion)
RURAL and give no	f outside corporate limearest town) [LVER SPRIN		LENGTH OF STAY IN 16	c. GITY OR		utside corpor	ote limits, write R	URAL ond	give nea	rest town	)
d NAME OF HOSPIT	AL (If not in haspital, g	rive street or	Idrass)	d. STREET A	DDRESS		N AVENUI	E			IDENCE FARM?
NAME OF DECEASED (Type or print)	Fii DONA		Middle R •	CHRISTI		4. DATE OF DEATH	Mor APR	ith IL 15	Day		Year 19 60
S. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIE	DIVORCED	B. DATE OF BIRT 4/30/96	Н		9. AGE (In years last birthday) 63 yrs.	Months	R 1 YEAR Days	Hours	R 24 HR
0a. USUAL OCCUPATION during most of work TEACHER	ON (Give kind af work king life, even if retired	3	Junior Col			or foreign co			S.A		OUNTRY
3. FATHER'S NAME CALVIN G.	CHRISTIE			14. MOTHER'S	MAIDEN N						
5. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR	vervice)	OCIAL SECURITY NO. 17. 78-18-0773 Mr.	INFORMANT	S. Chr	ristie	Add 8009 Ea		n Ass		
gave rise to i cause (a), stating lying cause lost.  PART II. OTHER	the under-		INTRIBUTING TO DEATH BL	V		CU /		VEN IN PA	RT 1(o) 1	9. WAS PERFO YES [	AUTOPS RMED?
THER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY OCCUR	ED. (Enter nature o	of injury in I	Port I or Port	II of item 18.)				
20c. TIME OF INJUR Haur a.m. p. m.	Y Month, Day, Ye	20d. IN. While at work	Not while	PLACE OF INJURY octory, street, office			or town)		(County)		(Stot
21. I certify the		attende	d the deceased fram 5_1960 and that	, ,	9.05 t	310	FIP!	5, 19.			
22a. SIGNATURE	108	The	marolo	M.D. PHYS.	IG M M	ED. RECTOR [	STAFF PHYS.			22	SIGNE
22c. PHYSICIAN'S NAME (Type)	E.E. G	uaye	tel Me	7, 1824	Bill	more	St.M	Y Wa	SHI	1797	017
TRANS	RIAL 4/20			OR CREMATORY CEMETERY		23d. LOCAT	ION (City, town, BUTLE)		NIY,	Y (Stot	
24 FUNERAL DIRECTOR	S SIGNATURE	INC.	ADDRESS SILVER SPRI	NG, MD.	25a. REC	PR 20	RAR 2Sb. REG	ISTRAR'S S	IGNATUR.	Ea	

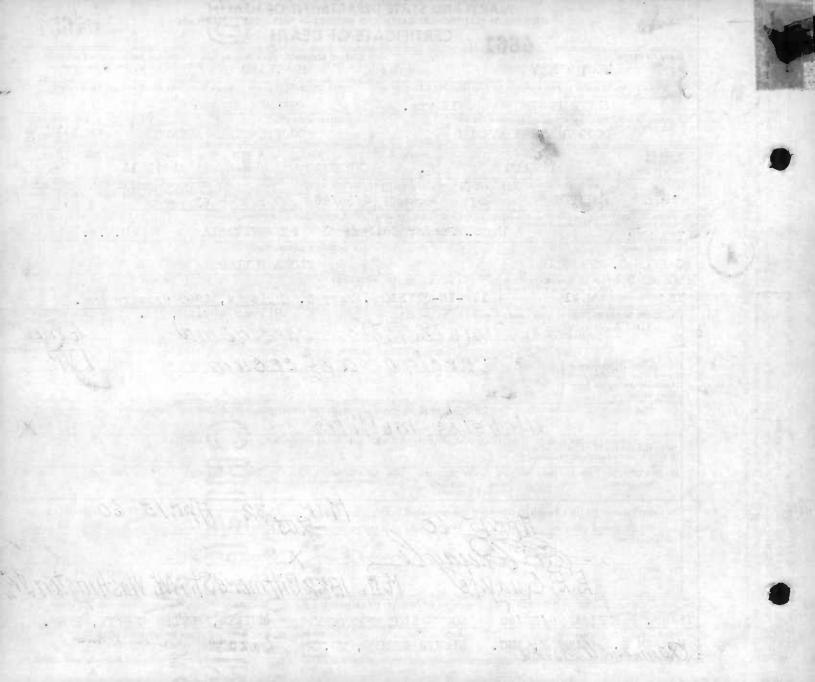
may it agained by the haspital ar attending physician. **D FUNE-24 DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO HOSP TO FUNE

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in by the funeral

urs after death

VR A1S (4) 1SM 9/S9



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4752 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04652

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Mary)	Where deceased lived. If i		District of the last of the la
b. CITY OR TOWN (	of outside corporate limits, write RUR;  Bethesda	c. LENGTH OF STAY IN 16 D.O.A.		f outside corporote limits,	write RURAL and give	nearest lown)
d. NAME OF HOSPI	tal or institution (if not Suburban	in hospital, give street address)	d. STREET ADDRESS	-Bradley Boul	evard	e. IS RESIDENCE ON A FARM? YES YED 190 1
3. NAME OF DECEASED (Type or print)	Fint Peter	Middle Cl	lon nrzanowski	I OF	Month De l	y Year 1 19 60
5. SEX Male		MARRIED NEVER MARRIED DOWED DIVORCED	June 30,1	9. AGE (In yellos) birthday)		AR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION of working most of working Physical 13. FATHER'S NAME	ing life, even if retired)	106. KIND OF BUSINESS OR INDUS Bureau of Star				OF WHAT COUNTRY U.S.A.
15. WAS DECEASED EV (Yes, no, or unknown)	Chrzanowski YER IN U. S. ARMED FORCES   (If yes, give war or dates of service		MAKEN INFORMANT Wife Doris Chrza		dress Item	#2 1
Conditions, if gove rise to imme (a), stoting the cause lost.	underlying DUE TO (c)	Cormany to	NOT RELATED TO THE TERM	NINAL DISEASE CONDITION	A GIVEN IN PART 1(a	Duckley
PART II. OT  20g. EXTERNAL CA PRIMARY   or CO CAUSE OF DEATH	AUSE WAS 20b. DI	ESCRIBE HOW INJURY OCCURRED. (	Enter nature of Injury in Par	rt I ar Part II af item 18.)		PERFORMED? YES NO
20c. TIME OF INJU-		20d. INJURY OCCURRED 20e. PU foc at work of work	ACE OF INJURY (Home, farr tory, street, office bldg., etc	n, 20f. (City or town)	(County)	(State)
death resulted  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)	FLANK J.	Broschart	icide, Homicide M.D. CHIEF MEDICAL E ASSISTANT MEDIC DEPUTY MEDICAL	EXAMINER CELEBORY	ed cause □.	DATE SIGNED
Burial Specify	4-14-60	Parklawn Co		Montgome		Md.
23. FUNERAL DIRECTOR ROBERT	R'S SIGNATURE A. PUMPHRE	Bethesda, 1	Md.	D BY REGISTRAR 24b.	Cuthing S. A	

HEAD OF TARRINGS COURSEAST OF DEATH

TO HOSPITATION TO FUNERAL

VS A15 (4) 15M 9/58

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4753 **CERTIFICATE OF DEATH** 

Rea Dist No

								Mag. D.	191. 110.	
1. PLACE OF DEATH COUNTY Montgomery			MARYL		USUAL RESIDENCE (W o. STATE aryland	here deceased	b. CQUNTY	-	orges	
b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (IF	outside corpor	ote limits, write R	URAL ond	give neare:	st town)
Bethesda	earest town)		51 days	H	vattsville			16.	39. 3	2.
d. NAME OF HOSPIT	'AL (If not in hospital, g	ive street	200 0000,100		d. STREET ADDRESS					IS RESIDENCE
The Clinic	al Center,	Beth	esda 14, Md	. 5	014 60th Av	renue				ON A FARM?
3. NAME OF DECEASED (Type or print)	Fir Jose		John		Cifizzari	4. DATE OF DEATH	April		Day 22	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years		-	UNDER 24 H
Male	White	WIDOW	ED DIVORCED		uly 16, 19	56	lost birthdoy) 3 yrs.	Months	Days I	Hours Min
100. USUAL OCCUPATION during most of work	ON (Give kind of work or king life, even if retired	done 10b.	KIND OF BUSINESS OR			or foreign co	untry)	12. CIT	U.S.	·A •
13. FATHER'S NAME	SS 031 10			1.	. MOTHER'S MAIDEN	NAME				
Philip J.	Cifizzari				Carol Woz	znev				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT The Med		Penord Add	ress		
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)	None		Clinical Ce				Mary]	land
Conditions, if on gove rise to it couse (o), stoting lying couse lost.  PART II. OTH	mmediote the under-	Су	Stic Fibros				CONDITION GIV	'EN IN PAR	RT 1(o) 19.	3 Years Was AUTOP: PERFORMED?
(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter noture of injury in	Port I or Port	II of item 18.)			WM TO L
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	While	NJURY OCCURRED  Not while k ot work	Oe. PLACE foctory	OF INJURY (Home, form, street, office bldg., etc.	m, 20f. (City c.)	or town)	(	County)	(Sto
ACTUAL SIGNATURE	Deorge	). 1 <u>96</u>	0		, 19,60, to A curred at 7:25) The Clir National Bethesda	PM, from the Adoress (Straight Colored) of the Adoress (Straight Colored) of the Adores (Straight C	the causes an	d an th	e date s	tated abar
220. BURIAL, CREMATIO REPROYAL (Specify)		1960	22c. NAME OF CEMET Arlington		EMATORY	22d. LOCAT	ION (City. town, Clington			(Stote)
23. FUNERAL DIRECTOR' F. Gasch		39 Ba	ADDRESS Hya	ıttsvji	ale, Md <sup>24g. REC</sup>	D BY REGISTI	RAR 24b. REGI:		S. Krau	A

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VR A1S (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND LEGE CERTIFICATE OF DEATH

2224

o. COUNTY	Taemery		MARYLAND	2. USUAL RESIDENCE (VO. STATE		b. COUNTY	-		on)
b. CITY OR TOWN RURAL ond give	((Foutside corporate limits, neorest lown) Pay K	6 da	_					aresi Iown)	
OR INSTITUTION	2 6 :-			111 0	Vris Au	e		e. IS RESII ON A I YES	FARM?
NAME OF DECEASED (Type or print)	First			a Lost	4. DATE OF DEATH	Month	1 18	-/	960
sex Female	0 . 4			DATE OF BIRTH 12/26/90	los	st birthdoy)	Months Doys	Hours Hours	R 24 HRS. Min.
during most of wo	rking life, even if retired)	XXXXXX		xx VIR	GINIA	9)	12. CITIZEN C	F WHAT CO	DUNTRY?
is, no, or unknown)	ER IN U. S. ARMED FORCE	ES? 16. SOCIAL SECUR	2	DRMANT	XXXXXXX I			ISON	1
Conditions, if gove rise to couse (o), stoting lying couse lost	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Ony, which immediate the under- (c) (c)	CERROR	ese Vis		(14)	Emori	RH)	19. WAS A PERFOR	DEATH
OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF INJU Hour o.m.	G CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Doy, Year  19	20d. INJURY OCCURR While Not while of work of work	ED 20e. PLAC focto	E OF INJURY (Home, for ry, street, office bldg., e	rm, 20f. (City or to	own)	A -		(Stote)
saw the deced 22o. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	shall len	rithin	him him	D. ATTENDING PHYS. 22d. ADDRESS	MED. ST DIRECTOR PH	AFF IYS.		4/19	DATE SIGNED 9/60
REMOVAL (Specific BURIAL	4/21/60	MARSH	ALL CEME	TERY	MARSH	ALL, VI	IRGINIA	(Stote	)
	b. CITY OR TOWN RURAL ond give a conditions. A conditions of government of the conditions of the condi	b. CITY OR TOWN (If butside corporate limits, RURAL and give neorest lown)  A LANDE OF HOSPITAL (If not in hospital, give limits of the limits	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest lown)  A CONTROLL OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  SEX    6. COLOR OR RACE   7. MARRIED   NEVER WIDOWED   DID DECEASED (Type or print)  SEX   6. COLOR OR RACE   7. MARRIED   NEVER WIDOWED   DID DECEASED (Type or print)  SEX   6. COLOR OR RACE   7. MARRIED   NEVER WIDOWED   DID DECEASED (Type or print)  SEX   6. COLOR OR RACE   7. MARRIED   NEVER WIDOWED   DID DECEASED   NOTE   NOTE	D. COLVEY  M. L. J. G. C. LENGTH OF STAY IN 1b  B. CITY OR TOWN (If outside corporphe limits, write RURAL and give neorest lown)  A. L. J. G. LENGTH OF STAY IN 1b  RURAL and give neorest lown)  A. L. J. G. LENGTH OF STAY IN 1b  A. L.	D. CIVITY  MARYLAND  B. CITY OR TOWN (IF butside corporate limits, write RURAL and give neorest lown)  RURAL and give neorest	D. CITY OR TOWN (If which corporate limits, write RURAL and give nederal low).  D. CITY OR TOWN (If which corporate limits, write RURAL and give nederal low).  D. CITY OR TOWN (If which corporate limits, write RURAL and give nederal low).  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nederal low).  D. CITY OR TOWN (If which corporate limits, write RURAL and give nederal low).  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nederal low).  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nederal low).  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nederal low).  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nederal low).  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nederal low).  D. CITY OR TOWN (If outside corporate limits, write and give nederal low).  D. CITY OR TOWN (If outside corporate limits, write and give nederal low).  D. CITY OR TOWN (If outside corporate limits, write and give nederal low).  D. CITY OR TOWN (If outside corporate limits, write and give nederal low).  D. CITY OR TOWN (If outside corporate limits, write and give nederal low).  D. CITY OR TOWN (If outside corporate limits, write and give nederal low).  D. CITY OR TOWN (If outside corporate limits, write and give nederal low).  D. CITY OR TOWN (If outside corporate limits, write and give nederal low).  D. CITY OR TOWN (If outside corporate limits, write).  D. CITY OR TOWN (If outside corporate limits, write and give nederal low).  D. CITY OR TOWN (If outside corporate limits, write).  D. CITY OR TOWN (If outside corporate limits, write).  D. CITY OR TOWN (If outside corporate limits, write).  D. CITY OR TOWN (If outside low).  D. CITY OR TOWN (If outside loop).  D. CITY	D. COUNTY    D. CITY OR TOWN ([6 Junide corporate limit, write   C. LENGTH OF STAY IN 1b   C. CITY OR TOWN (If outside corporate limit, write RURIAL and give energed low)	D. CITY OR TOWN II builde corporate limits, write a CLENGTH OF STAY IN 1b c. CITY OR TOWN II builde corporate limits, write RURAL orld give ne RURAL Give ne R	D. COUNTY  MARYLAND  D. CITY OR TOWN (If buside corporate limit, write property limit, limit, write property limit, limit, write property limit, limit, write property limit, limit, property limi

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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		47	54 CERTIFI	CAII	: OF DE	AIH					
1.	PLACE OF DEATH			2	. USUAL RESID	ENCE (Wh	ere deceased		titution: Residenc	e befare adm	ission)
		ontgomery	MARYL	AND		iary]	Land	b. COU		gome	ry
		If autside carporate limits, wr	c. LENGTH OF STAY IN	1 1b	c. CITY OR TO	OWN (If o	outside corpore	ate limits, wr	ite RURAL and g	ive nearest to	wn)
	Beth				5/ E	Bethe	esda				
	d. NAME OF HOSPIT	TAL (If not in haspital, give st	treet address)		d. STREET AD					ON	A FARM?
L	3227	Coquelin T	errace		3	5227	Coque	elin	Terrace	YES	□ NOX
3.	NAME OF DECEASED (Type or print)	JULIA	VIRGINI	A C	COUSTRY	7	4. DATE OF DEATH	Ap	Month ril	13	Year 19 60
S.	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	□ B.	DATE OF BIRTH	/ ·	9	AGE (In ye	)	YEAR IF UN	
F	emale	White win	OOWED DIVORCED		9/1/1	15		last birthd	yrs. Menths	Poz Hou	Min.
10	a. USUAL OCCUPATION	ON (Give kind of work done king life, even if retired)	106. KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLA	CE (State	or foreign co	untry)		EN OF WHA	T COUNTRY?
	Housew		Own Home		Be1	Lgiur	n			JSA	
13.	FATHER'S NAME				14. MOTHER'S					0.000	7-10
	Emile	Sohie		13/1		J	eanne	Van	Orshav	en	
		R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17, INFC					Address		
	No	in yas, give war or done or record	None	Rog	ger Cou	istr	y-Husl	band-	same a	s 2d	-21-
		ATH [Enter anly one cause p	per line far (a), (b), and (c).]	11	. 2					INTERVAL ONSET AN	
	PART 1. DEA	TH WAS CAUSED BY:	congestive	Hea	rt Jo	zelu	re			30	ules
	77.1	DUE TO	1.							-	
	Conditions, if o		Deneralized	ca	nces	ch	lot.			8 mes	dura
	gave rise to i cause (o), stating										
-	lying cause last.	) (c)								1	
CATION	PART II. OTI	HER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEA	H BUT NO	OT RELATED TO	THE TERMI	INAL DISEASE	CONDITION	I GIVEN IN PART	PER	FORMED?
FICA		/	one					11 5 % 10		YES	NO [
CERTIFI		AS UNDERLYING [] 206.  G [] CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OC	CURRED.	(Enter nature of	injury in	Part I or Part	II of item IB	.)		
MEDICAL	20c. TIME OF INJUI				E OF INJURY (H			ar tawn)	(C	ounty)	(State
MEC	p. m.		Vhile Not while t work								
	21. I certify the	at (I) (this haspital) at	tended the deceased f	ram	1951	19	5-Dio	19	60,19	, that (I	(we) las
	saw the decea	a his	13 1960 and	hat dec	th accurred	35	2 1 111	he causes	and an the	date state	ed abave
	22a. SIGNATURE	0 1 1	V 11					W. Line		1	22b. DATE SIGNED
	JA	anh D. d.	eslie	М.	ATTENDING		ED.	STAFF PHYS.	12/100	1500	SIGNEL
	22c. PHYSICIAN'S NAME (Type)	ank G.	heslie.	n d	22d. ADDRE	901	Isa.	av	Silve	'r Sp	ring )
23	a. BURIAL, CREMATIC	ON, 23b. DATE THEREOF	23c. NAME OF CEME	ERY OR	REMATORY		23d. LOCAT	ION (City, to	wn, ar county)		itate
	Burial (Specify)	4/18/60	Gate of	Hea	aven		Sil	ver S	pring,	Mary	land
24	FUNERAL DIRECTOR		ADDRESS	34.	-1 3	2Sa. REC'	D BY REGISTI	RAR 25b.	REGISTRAR'S SIC	NATURE	901
1	Robert A	. Pumphrey	Bethesda,	Mar	yland	DATE			Tallan & t	Coul.	
	<del></del>	<del></del>				455	1 9 '60		LABBERT B. T		

APR 1 9 '60

may be lined by the haspital ar attending physician.

Deunekal Director: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, with 22 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO FUNER TO HOSP VR A1S (4) 1SM 9/59

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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VS A15 (4) 1SM 10/57

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 4687

(:4656 Reg. Dist. No.

1.	o. COUNTY Montgomery		MARYLAND	O STATE	DENCE (Where dece Maryland	osed lived. If institut b. COUNTY			
	b. CITY OR TOWN (If outside corpore RURAL and give nearest town)	ote limits, write	c. LENGTH OF STAY IN 15	c. CITY OR		prporote limits, write f	RURAL and give r	nearest town	)
L	Tokoma Park				Hyattsvi	lle, Md.	161	49,2	
	d. NAME OF HOSPITAL (If not in hos OR INSTITUTION	pitol, give street	oddress)	d. STREET	DDRESS			e. IS RES	
0	ak Grove Convele	scent I	ome	2101 1	ngraham	Street			FARM?
3.	NAME OF DECEASED (Type or print)	Fint George	Middle Leslie	Cox	4. DAT OF DEA				Yeor 19 60
\$.		RACE 7. MARI	RIED NEVER MARRIED			9. AGE (In years	Months Doy	AR IF UNDE	R 24 HRS.
	male white	WIDOW	ED DIVORCED	March 2	23, 1875	85 yrs.	Months Doys	Hours	Min.
10	a. USUAL OCCUPATION (Give kind of during most of working life, even if Blacksmith	retired)	WN Business	_	ACE (State or foreign	n country)	12. CITIZEN	OF WHAT	COUNTRY
13	. FATHER'S NAME		WII DUSTILESS		MAIDEN NAME			D 12-	
1	Leonidas	N. Cox			ah Ander	son			
	. WAS DECEASED EVER IN U. S. ARME		SOCIAL SECURITY NO. 17	INFORMANT		Add	lress		
Ľ	es, no, or unknown) (If yes, give wor or o	idies of service)		Paul L.	Cox Hya	ttsville,	Maryla	nd.	
	18. CAUSE OF DEATH [Enter only	one couse per li	ne for (o), (b), ond (c).]		•			TERVAL BE	
	PART I. DEATH WAS CAUSE	D BY:	brol Vasc.	Par Ac	endont	_	0	NSET AND	DEATH
	2 3 1	OUE TO	- 000					1 CACC	7
	Conditions, if only, which )			3. 1	0			10.	4
	gave rise to immediate	(b) OUE TO	margia C	mene	- cero	ele		wyr	AT
	lying couse lost.							0	
z		(c)	CONTRIBUTING TO DEATH B	LIT NOT BELATED TO	NAME TO A STATE OF THE PARTY OF	ACE CONDITIONS OF		In was	ALLEGO CV
CATIO	TAN II. OTHER SIGNIFICAN	T CONDITIONS	CONTRIBUTING TO DEATH 8	OT NOT RELATED TO	THE TERMINAL DISE	EASE CONDITION GI	VEN IN PART I(0)	PERFO	RMED?
CERTIFICATION		DEATH	CRIBE HOW INJURY OCCUR	RED. (Enter noture o	of injury in Part I or	Port II of item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Do Hour o. m. p. m.	y, Year 20d. II 19 While of wor	Not while	PLACE OF INJURY ( foctory, street, offic	Home, form, 20f. (i	City or town)	(Count	y)	(Stote)
	21. I certify that I attende	d the deceas	ed fram 11/7	1956	to 4/19	196	C,that I last	saw the	dacease
	alive an_ 4/18	106	O , and that dea		1047				
	dive dil		, and mar ded	in accorred at		ram the causes ( (Street, city or town,			TE SIGNE
	ACTUAL SIGNATURE TOWN	1 hiT	1 -11	20	1 //-	A II	, iole)		o Ic
	SIGNATURE		will b	_M.D	) I day	ucton	5	4-	14/6
L	PHYSICIAN'S FRANK	MTR	OZZEJR.	14	with	ulle, 1	nd	/	
22	o. BURIAL, CREMATION, 22b. DATE 1		22c. NAME OF CEMETERY	OR CREMATORY	22d. LO	CATION (City, town,	or county)	(State	2)
	Burali Specify) 4/23/	60	Goshen Cen	netery	I	ndiana ,	Goshen		
23	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		24a. REC'D BY REC	GISTRAR 24b. REGI	STRAR'S SIGNAT	URE	
	F. Gasch's So	ns Hyat	tsville, Md.		DATE APR 2	5 '60	11 0 4		
-			,		PAR Z	00 (	Thung & H	saich	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 years after death. Page 4 may be bined by the hospital an attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.	MEDICAL CERTIFICATION	
The ng F	TIFIC	20a. AC OR CON (IF EITH
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VR A1S (4) 1SM 9/59	R	. A.

county ontgomery				MARYLAN		Maryland	Where decease	b. CMO	htgome	ry	ore admissi	on)
	f outside corporate limit	s, write	c. LENGTH	OF STAY IN	lb	c. CITY OR TOWN (If	outside corp	orote limits, writ	e RURAL one	give ne	arest town	)
RURAL ond give ne Bethesda (			15	days		Rockville		11/				
	AL (If not in hospital, gi	ve street	oddress)			d. STREET ADDRESS		,	3.20		e. IS RESI	IDENCE FARM?
or institution  J. S. Nava	1 Hospital					713 Shetla	nd Str	eet				NO 🔼
NAME OF DECEASED	Firs	t		Middle		Lost	4. DATE OF	A	Nonth	De	,	rear
Type or print)	Clau	ide		Ernest		CRAWFORD	DEATH	4 A	pril	13	1	9 60
EX	6. COLOR OR RACE	7. MARE	RIED NEV	ER MARRIED		ATE OF BIRTH		9. AGE (In year		1 .	IF UNDE	
<b>Mal</b> e	Caucasian	WIDOWI	ED 🗶	DIVORCED		12-10-96			rs. Manths	Days	Hours	Min.
USUAL OCCUPATIO	ON (Give kind of work ding life, even if retired)	one 10b.	KIND OF BU	JSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Sto	te or foreign	country)	12. CI	TIZENO	F WHAT C	OUNTRY?
Mariner	ing life, even it rented)		U. S.	Navy		North Ca	rolina		J	J.S.A		
FATHER'S NAME					1.	. MOTHER'S MAIDEN	NAME					
John CRAW	FORD					Elizabeth	BRIDG	ES				
WAS DECEASEDEVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SEC	URITY NO. 1	7. INFOR	MANT		A	ddress			
Yes	WWI				(D)	Mrs. Alice	Gilmo	re, sam	e as #	2 ab	ove.	
18. CAUSE OF DEA	TH [Enter only one cou	se per li									ERVAL BE	
PART I. DEA	TH WAS CAUSED BY:		Muc	card	ral	Infanc	tron			ON	SET AND	NEGK
4-20	DUE TO											
Conditions, if a	ny, which )		Arto	riper	lovo	tic Hear	T.	925021				
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lying cause lost.	the under-											
PART II. OTH	HER SIGNIFICANT CON	OITIONS (	CONTRIBUTII	NG TO DEATH	BUT NO	RELATED TO THE TER	MINAL DISEA	SE CONDITION	GIVEN IN PA	ART 1(a)	19. WAS /	AUTOPSY
٨	Anocardia	28 3	nfunc	tion -	Jul	u 1958						RMED?
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY		-				nter nature of injury i	n Port I or Po	ort II of item 18.)				
20c. TIME OF INJUR	Y Month, Day, Yea	r 20d. I	NJURY OCCI	URRED 20e		OF INJURY (Hame, fo		ty or town)		(County)		(Stote)
Hour o.m.	19	While of wor			toctory	, street, office bldg., e	etc.)					
	it (I) (NEWSYSIEWS)				m Ma	rch 29 1	9.60 M to	April 1	3 19	60 H	nat (1) (5	orad lost
	ed alive an AD					h accurred at5:	25% from	the couses				
22a. SIGNATURE	112	1/	10/1	E 7 dild like	ur dear	I decorred digge		i inc caoses	did dil i	ic dare		DATE
	Som /1	THE	Char	20	M.D.	ATTENDING PHYS.	MED.	STAFF PHYS.			4-14	SIGNED
22c. PHYSICIAN'S NAME (Type)	John Wood	1 DAY	VIS, L	T, MC,	USN	22d. ADDRESS						
NAME (Aype)	TO TO TO THE TENT		XIXIQXXXX	XXXXXXXXXX		U. S. Na	val Ho	spital,	Bethe	sda,	Md.	
BURIAL, CREMATIO	N, 23b. DATE THEREO	F	23c. NAM	E OF CEMETER	RY OR CE	EMATORY	23d. LOC	ATION (City, tow	n, or county	)	(Stote	e)
Burial Sh	ipment 4-1	8-60	St	. Colum	bus	Cemetery	Mid	ldletown	R	node	Isla	nd
EDINEMIT DIMEDION.		4	ADDR	ESS			C'D BY REGI		EGISTRAR'S			1
A. Pumph	rey Funeral	L Hon	ne, Ro	ckville	, Md	DATE	PR 18'6	60 6	Inthun &	. That	4	HIE

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# TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any to so is necessory, please executed certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fund director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your illes. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,

director. Poge 4 should be

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Dan	Dist.	No

64659

	4/5/							Reg. D	Dist. No	).	
D. COUNTY	ntgomery		MARYLAND		DENCE	(Where decea	sed lived. If Institu b. COUNT		lence be	fore adm	nission)
b. CITY OR TOWN and give nearest to	(If autside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN	(If outside cor	porate limits, write	RURAL on	d give n	earest to	own)
	thesda		DOA	(	Colu	mbus			70	2 X	3
	burban Hosp		pital, give street address)	d. STREET A	DDRESS	Jacks	on Pike			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	King	1	Middle Sheridan	Lost Davis		4. DATE OF DEATH	Mont 4	h	Doy 20		Year 19 60
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED   8	. DATE OF BIRTH			9. AGE (In years	IF UNDER	TYEAR	IF UND	ER 24 HRS
Male	White	WIDOWED	DIVORCED	12/4/0	3		lost birthdoy) 51 yrs.	Months	Days	Hours	Min,
100. USUAL OCCUPATION WORLD	(ing life, even if retired)		IND OF BUSINESS OR INDUST	RY 11. BIRTHPLA	CE (Stol		entucky		IZEN O		COUNTRY
13. FATHER'S NAME Tee D	avis			14. MOTHER'S I		NAME					
15. WAS DECEASED I (Yes, no, or unknown)	VER IN U. S. ARMED FOR (If yes, give war or dates of s			NFORMANT Hospita	l R	ecord	Address		8		
18. CAUSE OF DE	ATH [Enter only one caus	e per line f	or (o), (b), and (c).						INTE	RVAL BETW	EEN
PART I. DE	ATH WAS CAUSED BY:	A	cute Myocardia	al insuf:	fien	су			S	udde	n
Conditions, if	DUE TO ony, which) (b)	C	oronary Thromb	oosis					s	udde	n
(o), stoting the couse lost.	D DILLE TA	C	oronary Arter	iosclero	sis						74
PART II. O	THER SIGNIFICANT CONE	OITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TER	MINAL DISEAS	E CONDITION GIV	VEN IN PA	RT 1(o) 1	9. WAS	AUTOPSY DRMED?
3	Collasped wh	ile w	orking on cons	struction	n jo	b				YES EN	NO [
PART II. O	AUSE WAS DONTRIBUTING []	DESCRIBE	HOW INJURY OCCURRED. (B	inter noture of injuries	ury in Po	ort 1 or Port 11	of item 18.)				
20c. TIME OF INJ		20d, II While of wor	Not while fact	CE OF INJURY (Hory, street, office	ome, for bldg., et	rm, 20f. (City	y or town)	(Co	unty)		(Stole)
			emains described aba , Accident , Sui			,	nspectian [],			, and	find the
ACTUAL SIGNATURE	trans J-	Br	restant	_ M.D.		EXAMINER [				DATE :	SIGNED
EXAMINER'S NAME (Type) F	rank J. Bros	chart		DEPUTY !	MEDICAL	L EXAMINER	KI .	4/2	0/60		
	ON, 226, DATE THEREO	-	22c. NAME OF CEMETERY OR Davis emete			22d. LOCA Mar	TION (City, town, tin Cou	or county)	Ke	(Slot	
23. FUNERAL DIRECTOR ROBERT	A. PUMPHR	EY	Bethesda, Mo	4 1		APR 25		STRAR'S SI			

VS. A15ME(5) 5M 9/55

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that the death certificate be executed within 200 urs after death. Page 4	by the attending physician and campletely filled in by the funeral director, iif. Then please remove carbon papers. Pages 1 and 2 should be filed with
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4758 **CERTIFICATE OF DEATH**

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	CERTIFICA	ALE OF DEATH	Reg. 1	Dist. No.
o. COUNTY O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceded a. STATE	of Anna	Rundel V
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN If outside co	rporate limits, write RURAL on	d'give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION	e street address)	d. STREET ADDRESS	7,11	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) RICALLA First	HCKS D	AUIS 4. DAT OF DEA		Day Yeor 2 2 19 60
100 1 1.1.1	MARRIED NEVER MARRIED DIVORCED DI	B. DATE OF BIRTH	9. AGE (In years IF UND last birthdoy) Months	Doys Hours Min
a. USUAL OCCUPATION (Give kind of work do during most af working life, even if retired)		STRY 11. BIRTHPLACE (State or foreig		ITIZEN OF WHAT COUNTR
FOSTAL CLERT'S	60vint Deto	Virginia		11.5
Frank Hinds	247	14. MOTHER'S MAIDEN NAME	Hinks	
S. WAS DECEASED EVER IN U. S. ARMED FORCE Yes, 10, or unknown) (If yes, give war or dates of servi	S? 16. SOCIAL SECURITY NO.	NFORMANT	Address	- Wife 1
Yes WWI	Be	atrice may	Davis Chur.	slon, ma
1B. CAUSE OF DEATH   Enter only one cause   PART 1. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)	e per line for (o), (b), and (c).]	die Interna	Tio Man	ONSET AND DEATH
Canditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse lost.  (b)_  DUE TO  (c)_	Coronary hro	mbose todayor	Coronary Aslen	unknown
PART II. OTHER SIGNIFICANT CONDI	THOMS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	EASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPS PERFORMED? YES DO NO [
	Db. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I or	Port II of item 1B.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.	20d. INJURY OCCURRED While Not while for work at work	ACE OF INJURY (Hame, farm, 20f. (ctory, street, office bldg., etc.)	City or town)	(County) (Sto
21. I certify that I attended the d	eceased from	1940 ta	2, 19_0 hat I	last saw the decease
alive an	, 19, and that death	0 1 - 1	im the causes and an t	he date stated abay
ACTUAL CONTRACTOR OF LANGE	ky mu.	M.D. 13000 Con A	10E S-5, M	1.0 4/24
PHYSICIAN'S NAME (Type) S. L. TA	BB, M.D			
20. BURIAL CREMATION, 226. DATE THEREOF, REMOVAL (Specify) 26 april	60 CeJAR	R CREMATORY Sun Su	CATION (City, town, ar county	(State)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS LTL		GISTRAR 24b. REGISTRAR'S	
Lee Tuenal	10240 51111-A Sh	DATE APR 2	Circhard	S. Kraus

## Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH TH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN outside corporete limits, write RURAL and give reerest town) director. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO V Dey DECEASED OF (Type or print) DEATH 1960 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In thers 7. MARRIED NEVER MARRIED last birthday) Months Days WIDOWED DIVORCED 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) (retired 13. FATHER'S NAME MORRIS C. DECKER CATHERINE HOFFMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive wer or detes of service) Mrs. Laurine C. Decker, 8418 Piney Br. Ct. Silver Sprinmervacestween 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? NO CERTIFIC 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ! 20f, (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry 56 and in my opinion 0 death resulted from: Natural causes Accident Suicide Homicide | Undetermined manner forwarde CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 220, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) ARLINGTON NAT'L. CEMETERY ARLINGTON. 240 g BURTAL 4/14/60 23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME SILVER SPRING, MD. DATE 5M 7/59 arthur S. Trans

LAND STATE DEPARTMENT OF HEALTH

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64662 CERTIFICATE OF DEATH Reg. Dist. No. Il director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY a. STATE MARYLAND 100 Mor 160mest b. CITY OR TOWN (If autside corporate limits, write uneral c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If butside carporate limits, write RURAL and give nearest lown) pe RNRAL and give nearest/town) pluous d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 0 YES NO NO puo NAME OF First Middle 4. DATE Last Month Year Day OF DEATH (Type or print) 1960 Pages E 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED Months Doys Hours DIVORCED T WIDOWED M 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) DOVERNMENT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?/ 16. SOCIAL SECURITY NO. 17. INFORMANT ONR attending 0.5 CAUSE OF DEATH [Enter only one cause per line fos (a), (b), and (c). INTERWAL BETWEEN 3 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED W (County) (Stote) factory, street, affice bldg., etc.) Hour a. m. While of work at work p. m 21. I certify that Lattended the deceased from 19 60, that I last saw the deceased and that death accurred at 2000 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL should 5 PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Jawn, ar county) (State) 5 REMOVAL (Specify) 10 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Orthur S. Kraus 360 VS A15 (4) 15M 9/S5 DATE APR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where decreed lived, If institution, Residence before edmission) e. COUNTY b. COUNTY files. MARYLAND MARYLAND MONTGOMERY MONTGOMERY y is necess director. P or your file b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) ROCKVILLE LIFE ROCKVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE o d. STREET ADDRESS ON A FARM? 325 LINCOLN ST. YES NO Y 325 LINCOLN STREET 3. NAME OF Middle DATE Month DECEASED (Type or print) DEATH 19 BETTY JANE APRIL with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5. SEX 8, DATE OF BIRTH 9. AGE (In years I IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months Deys FEMALE 10 COL 5,2 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY Give Pages 1, 2, orm PM3. Page 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired pages 1 within USA MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME permit. File JAMES H. BROWN WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes no, or unkown) | (If yes give war or detes of service) with POLICE RECORD 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ASPHYXIA IMMEDIATE CAUSE (e) HR. 's Office DUE TO certificate should UPPER RESPIRATORY INFECTION 'd "pending" i gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO X pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Pert II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. et work at work prior forwarded to the 21. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry X Inspection and in my opinion Suicide Undetermined manner death resulted from: Natural causes Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 8 DEPUTY MEDICAL EXAMINER Y 4/4/60 NAME (Type) FRANK J. BROSCHART, M. D. Add ON. 1 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE 22d. LOCATION (City, town, or country) Rockville, Mi. County H ome. 040 p 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Rockville, Mi. VS. A15ME APR 1 3 '60 arthur & Kraus 5M 7/59 DATE

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V		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	64664
		4759 CERTIFICATE OF DEATH	Reg. Dist. No.
( 144 )		PLACE OF DEATH  D. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution o. STATE b. COUNTY	: Residence before admission)
	1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)  Nearmore (In the Company of t	RAL and give nearest town)  58 × 3
X		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 5235 Downled Drive 40 January St	e. IS RESIDENCE ON A FARM? YES NO
	3.	NAME OF DECEASED Type or print)  Silvy  First  Widdle  Dougherty  4. DATE OF DEATH  Month	Day Year 1960
	5. 5	FEMALE WHITE WIDOWED DIVORCED SEPT. 29, 1891 last birthdoy)	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  EACHER OF VOICE  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)  SPRINGFIELD, ONIO	12. CITIZEN OF WHAT COUNTRY?
1	13.	FATHER'S NAME  JOHN GROVER WEBB  14. MOTHER'S MAIDEN NAME  GLENNA COLEMAN	K 52. K
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) 23 030281 DAUGHTER MRS. VIRGINIA	S Shoulds
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PULMUNARY EMBOLISM	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which)  (b)  VENOUS THROMBOSIS	2 DAYS
		gave rise to immediate couse (a), stoting the under- lying cause lost.  DUE TO  CARCINDMA OF PANCREAS	1 YEAR
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	1 IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIF	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enler noture of injury in Port 1 or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. jt. 19 While Not while at work at work at work 19 at wo	(County) (State)
		21. I certify that I attended the deceased from SEPT-18, 1959, to APRIL 5, 1960, alive an APRIL 5, 1960, and that death accurred at 929 PM, from the causes and	that I last saw the deceased
		ACTUAL F 97 Mac Mouran M.D. 1150 CONN. AVE, M.	DATE SIGNED
1		PHYSICIAN'S F.G. MAC MURRAY	APRIL 5, 196
Q	220	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or a REMOVAL (Specify) 4-6-60 CedAR 1411 Cenientery Suit 2nd	county) (State)  MARY/DAY!
08	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTR	AR'S SIGNATURE
		JOSEPH GAWLER'S SONS 1756 PA. AUR IN DATE APR 7 '60 a	illing & Thouse

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Dealer of The Facilities Creams Associated			
			and September Sale Value 1079
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			THE REAL PROPERTY.
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please exe-tor. Page 4 should be Items / FilmG201 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY Montgomery MARYLAND Maryland burial b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Bethesda D.O.A. Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Suburban 12616 Lahill Rd. NAME OF First Middle 4. DATE Month DECEASED OF DEATH (Type or print) DovE Levi 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Male Colored WIDOWED [7] DIVORCED F 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Give CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Ruptured aorta IMMEDIATE CAUSE (a) DUF TO Crushed Chest Conditions, if any, which gove rise to immediate couse **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY So CERTIFICATION ō Fracture of pelvis 200. EXTERMAL CAUSE WAS PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Struck by falling tree while cutting it down should Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Medical Page 3 st /60,0 factory, street, office bldg., etc.) While Not while of work Bethesda street 21. I certify that I taak charge of the remains described above, held an Autapsy KI, Inspection . certificate, writing to the Chief A death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause CHIEF MEDICAL EXAMINER FUNERAL ASSISTANT MEDICAL EXAMINER 4/5/60 **EXAMINER'S** Frank J. Broschart DEPUTY MEDICAL EXAMINER NAME (Type) 22d. LOCATION (City, town, or county)
Arlington, Va. 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Arlington National. 0 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE moler Rockville, Md. VS. A15ME(5) arihun & Kraus 3 '60 APR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

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Months

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e. IS RESIDENCE ON A FARM?

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12. CITIZEN OF WHAT COUNTRY? USA

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4762 Item

Rea. Dist. No.

-1-									wear.			
1	. PLACE OF DEATH o. COUNTY Montgomery			MARYLA		o. STATE Georgia	Vhere decease	b. COUNTY	on: Resider	nce befor	re admissi	on)
	b. CITY OR TOWN (IF	autside corporate limi	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF	outside corpo	role limits, write R	URAL ond	give neo	arest town	)
	RURAL and give ne Bethesda	arest tawn)		131 days	Byron			40	7x-	3		
	d. NAME OF HOSPITA	AL (If nat in haspital, g	ive street			d. STREET ADDRESS					e. IS RESI	DENCE
	OR INSTITUTION	al Center,	Doth	anda Il. Ma		No atmost	معاطسه					FARM?
=						No street						
	NAME OF DECEASED (Type or print)	Davi	id	Middle Claytor		Dunbar, J	4. DATE OF DEATH	Apri	1	2	3 1	60r
:	S. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	☐ B.	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER	Days		R 24 HRS. Min.
-	Male	White	WIDOW	ED DIVORCED		February 5.	1933	27 yrs.	Months	Days	Hours	Min.
- 1	0a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR				ountry)	12. CIT	IZEN OF	WHATC	OUNTRY?
	Veterinaria	ing life, even if retired)	11	. S. Air For	200	Florida				TT	S. A	
1	3. FATHER'S NAME	NET.		· De MAI 101		14. MOTHER'S MAIDEN	NAME			Ue	O A	-
	Dorrid C De	unham Cm				Amma Cum						
1	David C. Do		CES2 14	SOCIAL SECURITY NO	INE	Anne Snow	11 2 1	a Add	ort.			
1	Yes, no, or unknown)	If yes, give war or dates of so	ervice)	0 5 T F T T T T T		ORMANT The Me						
1	Yes	Presently		58-50-4734	The	Clinical C	enter,	Bethesda	14,	Mar	yland	1
		TH WAS CAUSED BY:	and	ne for (o), (b), ond (c).] pulmonary	Ma: neta:	lignant mel: stasis	anoma t	with cere	bral		veal BE	DEATH
	Conditions, if ony, which ) (b)											
	gave rise to immediate DUE TO											
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	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	H BUT N	OT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(a) 1	9. WAS A	UTOPSY
	Ĭ.	•									YES X	RMED?
	(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED	(Enter noture of injury in	n Part I ar Par	t II of item 1B.)			488	
	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Yea	While	Not while	De. PLAC foctor	E OF INJURY (Hame, for ry, street, affice bldg., e	rm, 20f. (City	y or town)	(	(County)		(State)
			at wor									
	21. I certify the	at I attended the	deceas	ed fram. Decemb	er :	14, 19.59, ta A	pril_2	3 19_60	that I lo	ast sav	v the d	eceased
	alive anA	oril 23		Q, and that d	eath o	ccurred at 3:55.	AM, fram	the causes an	d an th	e date	stated	above.
		2 00		,			ADDRESS (S	treet, city or town,	stote)		DAT	E SIGNED
	ACTUAL CO	thun R 1	acti	man, M. M.	) . M.I	The Clinic	cal Car	nton		4/2	23/60	)
1						National			7+1			
1	PHYSICIAN'S A	rthur R. Ro	thma	n, M.D.		Pathanda .	THEOTOL	TO SEAN	earn	1		
1	20. BUR AL, CREMATIO	N 22b. DATE THERE	F.	22c. NAME OF CEMETE	DY OR (	DE LIBERA	27d 100A	TION (City, tawn	or county)		(Stote	1
	SURIAL (Specify)	4/27/6	50	Harts Mor			10/1/A	CON GE	ORG	SIA	(3.011	,
2	Justal director	s SIGNATURE Home	816	ADDRESS N.G.	has	. 100	PR 26 '6		thun S.			
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TO HOSPICE OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ms after death. Page 4 moy be and by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 shauld be filled with the registrar priar to burial, cremation, or removal, and in any event withiny 72 hours after death.

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4763 — CERTIFICATE OF DEATH

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			11				
a. COUNTY Montgome	ry	MARYLAND	2. USUAL RESIDENCE (W STATE Maryland	here deceased liv	b. COUNTY	on: Residence bet	are odmissian)
Bethesda	(If autside carporate limits, neagest tawn) (Rural)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If		2	URAL and give no	earest tawn)
OR INSTITUTION		e street address)	d. STREET ADDRESS	auth Chw			e. IS RESIDENCE ON A FARM?
U. S. Na	val Hospital		10713 Weym	outh Str	eet		YES NO
3. NAME OF DECEASED (Type or print)	First Harr:	Middle ill Stras	DYER	4. DATE OF DEATH	Apri		Oay Year 0 1960
S. SEX	6. COLOR OR RACE 7	- MARRIED NEVER MARRIED	B. DATE OF BIRTH		AGE (In years	-	R IF UNDER 24 HE
Male	Caucasian V		6-9-92		67 yrs.	Manths Days	Haurs Min.
Oa. USUAL OCCUPAT	ION (Give kind of work do	ne 10b. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State	ar fareign caun	try)	12. CITIZEN C	OF WHAT COUNTR
Chaplai	rking life, even if retired)	U. S. Navy	Tenn	essee		U.S.	Α.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
William	M. Dyer		Wilhelmin	a Fiege			
IS. WAS DECEASED EV	ER IN U. S. ARMED FORCE		NFORMANT		Add	ress	
Yes	1917 to 194		W) Mrs. Louis	e R. Dye	r, same	as #2	above
18. CAUSE OF DE	ATH [Enter anly ane caus	e per line for (a), (b), and (c).]	16 0	(	7/11/11		TERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Cerebral	throwlong	21		OK	5 ULC
237	DUE TO	0 1 - 1 0	,	-		,	110
Canditians, if		arterioscle	2010			/	1) Urs
gave rise to	immediate (D)_		0000			/	7.2.
cause (a), stating							
lying cause tost	_ / (0/_	TIONS CONTRIBUTING TO DEATH BU	T NIOT BELATED TO THE TERM	AINIAI DISEASE C	ONDITION CIV	(ENLINE BART 1/-)	TID WAS AUTORS
PART II. O	THER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BO	T NOT RELATED TO THE TERM	MINAL DISEASE C	ONDITION GIV	EN IN PART I(d)	PERFORMED?
OR CONTRIBUTION	/AS UNDERLYING ☐ 20 G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	0b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part II	af item 18.)		
20c. TIME OF INJU	10	20d. INJURY OCCURRED While Nat while at wark at wark	LACE OF INJURY (Hame, fari actory, street, office bldg., et	m, 20f. (City ar	tawn)	(Caunty	r) (Sta
		attended the deceased from	Feb. 11	60 ta Ar	ril 10	1960	that (1) (We) lo
	sed alive an Apri	1 9 1960 and that	death accurred at 4:	550, from the	e causes an	d an the dat	te stated abay
22a. SIGNATURE	N-P	/ //					22L DATE
	7.7 pin	rehant	M.D. PHYS.	AED. DIRECTOR	STAFF PHYS.	4	-11-60 SIGN
22c. PHYSICIAN'S NAME (Type)	F. J. LINEH	AN, JR., LCDR,MC,	USN U. S. Na	val Hosp	ital, ]		
23a. BURIAL, CREMATI	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	N (City, town,	ar caunty)	(State)
REMOVAL (Specif	4-313-60			Arlin			inia
24 FUNERAL DIRECTO	R'S BIGNATURE	ADDRESS	25a. REC	D BY REGISTRA	R 25b. REGI	STRAR'S SIGNAT	URE
R. A. Pump	hrev Funeral	Home, Bethesda,	Md. DATEAP	R 1 2 '60	U. V	had D. Thrai	

prs after death. Page 4 O HOSP A OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 thans after death. Page 4 may be and be able to spital or attending physician.

O FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

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is by the funeral director, and 2 shauld be filed with ined by the haspital or attending physician.

AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled hauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 Board of Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death.

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1, [	Montgomer	·y		MARYLAND	2.	usual residence (who New Jersey	ere decease	d lived. If instituti b. COUNTY	an: Residenc	e befar	e admiss	ian)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)									ve nea	rest town	)	
Bethesda (Rural) 28 days Margate City 6/X								X-	3			
	d. NAME OF HOSPIT	AL (If not in haspital, g	give street	address)		d. STREET ADDRESS	170				. IS RES	IDENCE FARM?
U. S. Naval Hospital 33 No. Clarendon Ave.											NO 🔯	
3.	NAME OF	Fir	st	Middle		Last	4. DATE	Mon	th	Day	, ,	Yeor
	DECEASED (Type ar print)	Will	iam	Compton		ECCLES	OF DEATH	App	ril	25	1	19 60
5. 5	SEX	6. COLOR OR RACE	7. MARI	RIED MEVER MARRIED	B. DA	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	_		
M	ale	Caucasian	WIDOW	ED DIVORCED		11-18-00		59 yrs.	Manths	Doys	Haurs	Min.
10a	. USUAL OCCUPATION	ON (Give kind of wark	dane 10b.	KIND OF BUSINESS OR INDL	JSTRY	11. BIRTHPLACE (State	or foreign o	country)	12. CITIZ	EN OF	WHATC	OUNTRY
	Salesman	king`life, even if retired	' (	Clothing		Englan	d		U	.S.	Α.	
13.	FATHER'S NAME	RIFE CO.		WHITE WAR TO Y	14	. MOTHER'S MAIDEN N	IAME					
	Fred ECCI	ES				Clara DAGV	ILLE					
	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	NFOR	MANT	39. 5	Add	ress			
{Yes	Yes	(If yes, give wor or dates of s	ervice)	L50-09-4048 (W	) E	dith B. Ecc	les.	same as	#2 abo	ve		
			use per li	ne for (o), (b), and (c).]							RVAL BE	TWEEN
	the state of the s	TH WAS CAUSED BY:	44-	nocarcinoma, r	ect	nım with me	tests	agis		ONS	ET AND	DEATH
	154	IMMEDIATE CAUSE (d	-	nocal cinoma, 1	ect	whom me	5 000 00	YO T O		+	-	
	1 - /	DUE TO	)									
	Canditians, if o		)(							-		
	couse (a), stating		)									
_	lying couse last.	) (								1		
6				CONTRIBUTING TO DEATH BU			NAL DISEAS	SE CONDITION GIV	PART	1(a) 15	PERFO	AUTOPSY RMED?
.ĕ				per lobe bronc							YES X	NO 🗌
CERTIFICATION	20a. ACCIDENT WA	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRI	ED. (Er	nter nature af injury in F	Port I or Po	rt II of item 18.)				
							last in					
MEDICAL	Haur a.m.	Y Month, Day, Ye	ar 20d. I While			OF INJURY (Home, form, street, affice bldg., etc.		y or town)	(C	aunty)		(State
WE.	p. m.	19	at was				-					
	21. I certify the	SPERSHENAN (I) to	) attend	ded the deceased fram.	Ma	rch 28 19	60 ta	April 25	19 6	O the	at (I) (	scot las
	saw the deceas	sed alive an_Ap	ril 2	25 1960 , and that	deat	h accurred at 6:4	opm from	the causes ar	nd an the	date	stated	abave
	220. SIGNATURE		4									b. DATE
	- 32	100	1		M.D.	PHYS. ME	RECTOR [	STAFF PHYS.		4-	26-6	SIGNE
	22c. PHYSICIAN'S	111	10	W 3191		22d. ADDRESS						
-	NAME (Type)	K. M. Mos	ER,	LT, MC, USNR		U. S. Nav	al Ho	spital,	Bethes	da,	Md.	
230	BURIAL CREMATIC	N. 23b. DATE THEREO	OF .	23c. NAME OF CEMETERY O	OR CR	EMATORY	23d. LOCA	TION (City, tawn,	ar county)		(Stat	e)
811	rial-Ship	ment 4-26	-60	South Laure	1. H	ill Cemeter	v Ph	iladelph	ia	P	a.	
-	FUNERAL DIRECTOR					20	D BY REGIS		STRAR'S SIG	NATUR	E	
W	. W Cham		1 Ho	me, 1400 Chapi					Thung 8			
<u></u>	Kang	Vortell	413			, DAILE	1 2 0	- Un	D. I	Hall	9.	
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MARYLAND	STATE DEPARTMENT OF HEALT	H-BALTIMORE,
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DATEAPR 2 6 '60

	476	5	CERTIFICA	ATE OF DEATI	H		Reg. Dist. N	o.
1. PLACE OF DEATH o. COUNTY Mont	gomery		MARYLAND	2. USUAL RESIDENCE (W o. STATE  Maryland		b. COUNTY	on: Residence be	10.1.11
b. CITY OR TOWN (I	If outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If				
White Oa	k. Md		Life	/5 White Os	k M.			
d. NAME OF HOSPIT OR INSTITUTION	'AL (If not in hospital, g	ive street	oddress)	d. STREET ADDRESS Stewart I	апо			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	Fir	st	Middle	Last	4. DATE OF	Mon	th (	Day Year
(Type or print)	Hatt	ie	$\mathrm{H}_{ullet}$	Ellison	DEATH	4/	22/	19 6
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	4	9. AGE (In years last birthday)	1	R IF UNDER 24 HR
Female	Col	WIDOW	ED DIVORCED	10/15/1872		88 87 yrs.	Months Doys	Hours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign o	country)	12. CITIZEN	OF WHAT COUNTR
Housew		'		Maryla	nd		TI.	S.A.
13. FATHER'S NAME			SAUCE OLDAY	14. MOTHER'S MAIDEN				
	Unknown		TO SHEET WAS	Nellie Br	cown			
1S. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR [If yes, give wor or dotes of s		SOCIAL SECURITY NO.	NFORMANT		Add	ress	12.13
Conditions, if o gove rise to i couse (o), stating lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO ny, which mmediate the under- (c	Ce Ce	peleval (c). [b), ond (c).] Prebro Vasc peleval a Labetes CONTRIBUTING TO DEATH BUT	rleriase	ler		10	SET AND DEATH  ONE  19. WAS AUTOPS PERFORMED? YES NO
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Po	rt II of item 1B.)		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	20d. I While of wor	Not while fo	ACE OF INJURY (Home, forr ctory, street, office bldg., etc	n, 20f. (Cit	y or town)	(Count	y) (Stot
			() (		-1-00	127.010		
21. I certify of alive an ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	1180	1219 j	10/	M.D. 9500		the causes an irreet, city or fown,	d an the da	w the decease te stated abov DATE SIGN

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220. BURIAL, CREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

ofter death. Page

law requires that the death certificate be

246 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Knows

22d. LOCATION (City, tawn, or county)

1.4671

Day

Days

30

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

2 days

Life

(County)

PERFORMED? YES NO TO

(Stote)

DATE SIGNED

U. S. A.

e. IS RESIDENCE

ON A FARM?

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**ADDRESS** 

22c. NAME OF CEMETERY OR CREMATORY

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a) 1	XX	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	X	4688 CERTIFICATE OF DEATH 140 12
ge 4 with		Reg. Dist. No.
	N)	1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. SMAIF COUNTY
. 4	V	Montgomery Maryland Fince Georges 6
eral be f	ON.	b. CITY OR TOWN (If autside carporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
ter death e funeral		Takoma Park DOA Takoma Park 16540
the off	M	d. NAME OF HOSPITAL (If not in haspital, give street address)  OR INSTITUTION  e. IS RESIDENCE ON A FARM?
in by a	1	Washington Danitarium 1209 Garland Hue. YES NO
0 -	099	3. NAME OF DECEASED And First Middle Last III 4. DAYE Month Day Year
ithin 2 Poges		(Type or print) Albert Edwin Evans DEATH 4 14 1960
Page P		5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR  None of the second of th
d v		WIDOWED DIVORCED 11-6-59 Oyrs. S & Hours Min.
cample papers.		10a. USUAL OCCUPATION (Give kind of wark done during mast of warking life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
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9 0 0		13. FATHER'S NAME
rtificate b		Aibert E. Evans for Patricia, C. Flynn
certifica g physic remove		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT
certificat g physici remove		(Yes, no. or unknown) (If yes, give war or dates of service) - Mrs Patricia, Flunn
attending	1	18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c).]
death	3	PART I. DEATH WAS CAUSED BY:
t e e		IMMEDIATE CAUSE (a) MELLIMONICA, DAONINO.
that by th	Ď	1 134.5 DUE TO C . + 166 + 7)
	e un	Conditions, if any, which gave rise to immediate (b) Organizati Heart Welast Type Williams of to mo
gan Bar		cause (a), stating the under.
red ion. n sit		lying cause last. (c)
law ysic bee	5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS PERFORMED? PERFORMED
ph has rial		J yes 1 No
nding cate h		20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.)    Column   Co
I he	5	
r at cert		20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. While Not while at work at work at work at work 19
PH ola his	E .	Haur a. m. While Not while factory, street, office bldg., etc.)
Por to	5	21. I certify that I attended the deceased from No very her, 1959, to April 1, 12, 1960 that I last saw the decease
Aft hed		alive on Appil 12th 1964, and that death accurred at 745 A.M., from the causes and an the date stated above
the the	8	ADDRESS (Street, city or town, state)  DATE SIGNI
C of A		ACTUAL / / Lace and & Lace and a SUBE A/ WALL SIZE MA
OR ined DIRE	5.	SIGNATURE CAMBRIAT CJ. TREWING M.D. OTTO IV III IVE S. S. 161
		PHYSICIAN'S WARRENG PREISSER
		22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
I OF S	D	Cremation april 16, 1960 Fort Kincoln Crematory Prince Giorge Co. Maryland
O E O a :		23 FUNERAL DIRECTOR'S SIGNATURE , ADDRESS / 240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE
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15M 9/SB	11/2	J. weller Joelle J. ASY Carried St. Nov & C. DATE app 18'60   Outling 8. Thanks
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		466	3 CERTIFICA	ATE OF D	EATH		R	Reg. Dist. N	lo.	x
o. COUNTY	Montgomer	v	MARYLAND	2. USUAL RESIDE o. STATE	NCE (Whe		b. COUNTY	Residence be		
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OR INSTITUTION	PITAL (If not in hospitol,			d. STREET ADD		lm Str	reet	74.	ON	A FARM?
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100. USUAL OCCUPAT during most of wo Housewi	orking life, even if retired	done 10b.	KIND OF BUSINESS OR INDU		CE (Stote o		γ)	12. CITIZEN		COUNTR
13. FATHER'S NAME		710		14. MOTHER'S M						
Unk	nown			Eli	zabe	th Mag	ruder			
15. WAS DECEASED EN	/ER IN U. S. ARMED FO (If yes, give war or dates of	service)	8-10-7835B	Mrs. Do				Beth		
18. CAUSE OF DE	EATH [Enter only one o	ause per lin	ne for (o), (b), and (c).)					IN	TERVAL	BETWEEN
PART I. DE	EATH WAS CAUSED 8Y: IMMEDIATE CAUSE (  DUE TO		BONARY A	THRO		2120		/		D DEATH
gove rise to couse (o), stoting lying couse lost	immediate DUE TO	0]		X7=727	,3 ( )			1	7,	(3
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OR CONTRIBUTION	IG CAUSE OF DEATH Y MEDICAL EXAMINER)	200. DESC	TRIBE HOW INJURY OCCURRE	D. (Enter noture of I	injury in re	or for ron it o	r nem to.,			
20c. TIME OF INJU	JRY Month, Doy, Ye	ear 20d. It While of worl	Not while fo	LACE OF INJURY (Ho octory, street, office b		20f. (City or t	own)	(Count	(Y)	(Stot
21. I certify to alive an	that I attended the	deceas		/ ./1-=/	P A	A, from the	, 1960,th causes and city or town, sta	an the da	ate state	
ACTUAL SIGNATURE	de -	000	norm	M.D		-wis			4/	25/6
PHYSICIAN'S NAME (Type)	L60	I	DONOUAW	MD:	1.	BETHE	SOA	14 "	MÓ	
220. BURIAL, CREMATI REMOVAL (Specif Burial	10N, 22b. DATE THERE		22c. NAME OF CEMETERY C				(City, town, or Georg			tote)
23. FUNERAL DIRECTO			ADDRESS	2	4a. REC'D	8Y REGISTRAR	24b. REGISTR	RAR'S SIGNAT	TURE	
Robert A	. Pumphre	v B	ethesda. Ma	ryland	ATE APE	26'60	and	un S. Kr	and	

TO HOSY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the purs arrer again. Tage a may be found by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director.

Then please remark carbon papers. Pages 1 and 2 shauld be filled with a please remark carbon papers.

the registrar prior to buriol, cremation, ar remayal, and in any event within 72 haurs ofter death

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RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH with I director, filed with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH COUNTY o. STATE b. COUNTY MARYLAND MonTgomer tarmeru b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Spring Ver d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUTION niversi YES NO NO Nashington anilarium 4. DATE OF DEATH NAME OF First Middle Month Day Lost Year DECEASED (Type ar print) aloril 9100 OX We 1960 9. AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 7. MARRIED T NEVER MARRIED lost birthdoy) Manths Hours Whit temale WIDOWED D DIVORCED [ 6 yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) House Wife puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician o c With DMON 20 ove 17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Takoma attending p YOUR 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gned gave rise to immediate DUE TO cause (o), stoting the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES IN NO buriol 200, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. While Not while of wark ot work p. m. 21. I certify that (I) (this haspital) attended the deceased from. 1960, and that death accurred of 401M, from the causes and on the date stated above. saw the deceased alive on a OR 22o. SIGNATURE 22b, DATE SIGNED M.D. PHYS. DIRECT DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS X NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION, (Stote) page the Str REMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. RECYD/BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Montgomer	y		MARYL	AND	usual RESID o. STATE Marylar		ere decease	d lived. If instit b. COUN	TY	Residence be		sian)
RURAL and give	(If outside corporate limits, nearest tawn)		NGTH OF STAY I	16	c. CITY OR TO	OWN (If a	utside carpo	rate limits, writ	e RURA	L and give r	earest town	n)
Bethesda			620 days		Betheso							
OR INSTITUTIO					d. STREET AD		lehumn	Drive				FARM?
The Clini		e the soa			0727 De	uinoc		DLIAG			I IES L	I NO DO
3. NAME OF DECEASED	First		Middle		Lost		4. DATE OF		Aonth		-,	Yeor
(Type or print)	Jule		(None	/	Freur		DEATH	Apr		2:		19 60
5. SEX	6. COLOR OR RACE	MARRIED T	NEVER MARRIE	D   B. D	ATE OF BIRTH			9. AGE (In year last birthdo)	IF L	INDER 1 YEA		ER 24 HRS.
Male	White	WIDOWED [	DIVORCED	J	une 24,	1890	0		rs.	Julius Doy:	nours	Min.
10a. USUAL OCCUPA during most of w Physician	TION (Give kind af wark do orking life, even if retired)		of Business of nment Re			CE (Stote		ountry)		12. CITIZEN	S. A.	
13. FATHER'S NAME		Q0 1011	11110110 100		4. MOTHER'S					0.	D. M.	•
Herman Fr	aund											
	VER IN U. S. ARMED FORCE	552 14 500141	CECURITY NO	INIEO	Sophie			) 3 A	ddeass			
(Yes, no, or unknown)	(If yes, give war or dates of sen	rice)						lecord A			_	
No		Unascer	rtainabl	eThe	Clinica	al Cer	nter,	Betheso	la 1	4, Ma:	rylan	d
	EATH (Enter only one coust EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_		o), (b), and (c).] nchopneu							0	ITERVAL BE NSET AND Weeks	
Canditions, if		Acut	te Pancr	eatic	fat ne	ecros	is			,	weeks	
gove rise to couse (a), statis lying couse las	g the under- DUE TO	Muli	tiple My	rel oma							weeks	
CATIC	OTHER SIGNIFICANT CONDI	ITIONS CONTRI	BUTING TO DEA	TH BUT NO	T RELATED TO	THETERMI	NAL DISEAS	E CONDITION	GIVEN I	IN PART 1(o)	PERFO	AUTOPSY ORMED?
(IF EITHER, NOTI	WAS UNDERLYING DAY NG CAUSE OF DEATH FY MEDICAL EXAMINER)	Ob. DESCRIBE H	IOW INJURY OC	CCURRED. (E	nter nature af	injury in F	Part I ar Par	t II of item 18.)	31			
20c. TIME OF INJ Haur a. n	1.	While N	OCCURRED lot while t wark		OF INJURY (H , street, affice			or town)		(Count	у)	(State)
actual SIGNATURE	that I attended the opril 22,  James M. Mars	, 19 60 n. Ma	_, and that		curred at_ The Nat	3:15A Clin cional	M, from ADDRESS (S nical L Inst		and o	on the do	te stated	
22a. BURIAL, CREMAT	TION, 22b. DATE THEREOF	22c. I	NAME OF CEME	TERY OR CE	EMATORY		22d. LOCA	TION (City, tow	n, ar co	ounty)	(Stat	te)
Crematic	n 4/25/60	Ce	dar Hi	11 C	remato	rv	Sui	tland.	Ma	aryla	nd	
23. FUNERAL DIRECTO		A	opessa,		land	-	APR 2 6	TRAR 24b. RE	GISTRA	KR'S SIGNAT	TURE	100

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-purs after death. Page 4 may be anined by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 20 bours after death. AND WERE AND

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY Page your files. MARYLAND b. CITY OR TOWN (if only de corporete ; c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporeta limits, write RURAL end give heerest town) director. nearest town . IS RESIDENCE OR INSTITUTION (if not in hospitel, give street eddress) ON A FARM? YES NO X 3. NAME OF Middle DECEASED DEATH (Type or print) B. DATE OF BIRTH 9. AGE (In Years last birth day) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) awher PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMAN with 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). Office along v ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) should be DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), steting the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? cremat NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, ferm, ! 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry X and in my opinion DIRECTO MEDICAL Natural causes Accident death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER forwar designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE > DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) ARLINGTON NATIONAL CEMETERY ARLINGTON, VIRGINIA 240 p 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 73095-3501-1414 5M 7/59 DATE APR '60 Outher & Krous

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH directar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY b. COUNTY MARYLAND someu Maryland funeral uld be fi b. CITY OR TOWN (If aulside carporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Rockville Rockville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 72 YES NO R 806 Bowie Road 4. DATE NAME OF First Middle Manth Day Yeor DECEASED (Type ar print) LeRov DEATH 1960 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years lost birthday) Manths Days Haurs DIVORCED | WIDOWED | 63 white male 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during mast af warking life, even if retired) 12. CITIZEN OF WHAT COUNTRY? operating engineer G.S U.S. Goy DuBois, Pa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME not known not known IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMANT Address 806 Bowie Road, Rockville attending INTERVAL BETWEEN Md 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gove rise to immediate DUE TO cause (o), slaling the underlying cause last burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f. (City ar tawn) Manth, Day, Year 20d. INJURY OCCURRED (Caunty) (Stote) factory, street, affice bldg., etc.) Hour o. m. While Nat while at work at work 21. I certify that (1) (this hospital) attended the deceased fram.\_\_ 1960 that (1) (we) last eq and that death occurred at &M, from the causes and an the date stated above. saw the deceased alive an DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar county) (State) page the Sto REMOVAL (Specify) Arlington National Arlington, Virginia 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 2Sq. REC'D BY REGISTRAR APR 28'60 arthur & Krous DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, and the detector of the detector of

page 3 shauld be detoched for use as the burial-transit permit. Then please the State Board of Health prior to burial, cremotion, or removal, and in any 9

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in 72 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

s after death. Page 4

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 4760

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1. PLACE OF DEATH o. COUNTY Montgomer	У		MARYL		USUAL RESI	end (Wh	ere decease	d lived. If institut b. COUNTY		nce befare	odmiss	ion)
b. CITY OR TOWN RURAL ond give	(If autside corporate limits,		NGTH OF STAY IN	ч 16	c. CITY OR	TOWN (If o	outside corpo	orate limits, write l	RURAL and	give neare	st tawn	1)
Bethesda			28 days		Port 1	Deposi	.t			0'	7X -	2
OR INSTITUTION	ITAL (If not in hospitol, give al Hospital	street oddress	)		d. STREET A		Circl	e - Apt.	D	e.	ON A	FARM?
3. NAME OF DECEASED (Type or print)	First Dorot	hy	Middle Lynn		GABL		4. DATE OF DEATH	Apr		Day 15		Year 19 60
5. SEX	6. COLOR OR RACE 7.	MARRIED [	NEVER MARRIED	B. D	ATE OF BIRT	'H	i ye	9. AGE (In years last birthday)		RIYEARI		
Female	Caucasian w	IDOWED 🗌	DIVORCED		6-12	-58		1 yrs.	Months	Days	Hours	Min.
Oa. USUAL OCCUPAT during most of wo None	ION (Give kind of work don orking life, even if retired)	e 10b. KIND (	OF BUSINESS OR	INDUSTRY	11. BIRTHP		ar foreign c			U.S.A		OUNTRY
3. FATHER'S NAME				1.	4. MOTHER'S	MAIDEN N	NAME			175		119
Howard L	ee GABLE				Nanc	y Ann	ROBER	TSON				
IS. WAS DECEASED EV	ER IN U. S. ARMED FORCES		L SECURITY NO.	17. INFOR	MANT	120-	11	Add	dress			AIF
No	(if yes, give war or oales or service	Non	е	Hos	pital	Recor	ds					
Conditions, if gove rise to cause (o), stoting lying cause lost	g the under-	IONS CONTRI	BUTING TO DEAT	TH BUT NO	T RELATED TO	O THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o) 19.	WAS	AUTOPSY
Mo Mo	ngolism											NO
OR CONTRIBUTION	VAS UNDERLYING 20 IG CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE H	OW INJURY OC	CURRED. (E	nter noture	of injury in	Port I or Por	t II of item 18.)				
20c. TIME OF INJU Hour a. m p. m	10	While _ N	OCCURRED 2 Not while twork	PLACE foctory	OF INJURY , street, office	e bldg., etc	)			(County)		(Stote
saw the dece	nat (I) (this showing) of asset alive an Apri	attended th	e deceased f	ram Ma hat deat	rch le	19 d al <b>9:2</b>	60 to _	April 15 the causes a		60, tha	stated	above
22a. SIGNATURE	red W	Gre	ello	M.D.			ED.	STAFF PHYS.		4-1	- 1	SIGNED
22c. PHYSICIÁN'S NAME (Type)		TO, IT	, MC, US	SN	U.		al Ho	spital,	Bethe	sda,	Md.	
Burial-Shi	pment 4-16-6	50 Sh	name of cemet adow Law	_			Lag	TION (City, town,		Ge	(State	
R. A. Pump	rs signature hrey Funeral		ADDRESS Bethesda	. Md.			D BY REGIS		ISTRAR'S S			

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# rs after death. Page 4 may be dined by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. The complete of the complete of the following the permit. Then please remaye carbon popers. Pages 1 and 2 shauld be filled with OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 the registrar priar to buriol, cremotion, or removol, and in any event within 72 haurs after death

VS A1S (4) 1SM 9/SB

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4769 CERTIFICATE OF DEATH

04681 Reg. Dist. No.

1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (		If institution: Residence	ce befare admissi	an)
Montgomery	MARYLAND	D.C				
<ul> <li>b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)</li> </ul>	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If autside carporate lim	its, write RURAL and g	ive nearest tawn	
Suburban Hospita	1 11 days	Washi	ngton	4	FIX-0	
d. NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS	8		e. IS RESI ON A	DENCE FARM?
Suburban		3/15	38th. Str	eet N. W	YES 🗆	
3. NAME OF First DECEASED	Middle	Last	4. DATE	Manth	Day Y	ear
(Type or print) John	H. Gall		OF DEATH	April	g 1	9 60
6. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	(In years IF UNDER	YEAR IF UNDE	
M ale White WIDOW	ED DIVORCED	8/31/8	7 72	yrs. Manins	Days Hours	Min.
<ol> <li>USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)</li> </ol>	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	ate ar foreign cauntry)	12. CIT12	ZEN OF WHAT CO	OUNTRY?
Clerk	V.A. Adm.	Patter	Dean -	7.9.1	IT C A	
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME .	0	O + D + N	
Haura de la	5000	Pois.	1/00	1000		
	SOCIAL SECURITY NO.   1	NFORMANT	mu	Address . 77 2	orh	and
(Yes, no, or unknown) (If yes, give war or dates of service)	Inknown //	: 4. 1 ma	n. Barrell	DE0 11	1 44	71
1B. CAUSE OF DEATH [Enter only one cause per li	ine for (a) (b) and (c) ?	aces) "a	DATURERA	a case 10	INTERVAL BET	WEEN
	M Va a AIRI)	111 14	I FADA I	10 41	ONSET AND	DEATH
PART I. DEATH WAS CAUSED BY:	M10 0 1710	THE IN	TATIO	1 0 oy	18	URY
420, DUE TO	A DT-D'-		. 1//:		THE SA	
Canditians, if any, which (b)	TRIERIOS	CLEROLI	C 1480	CULIHR Dis	FASE	
gave rise to immediate cause (a), stating the under-						
lying cause last. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THETER	RMINAL DISEASE CONI	DITION GIVEN IN PART	1(a) 19. WAS A	UTOPSY
Z Z						NO K
PART II. OTHER SIGNIFICANT CONDITIONS.  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature af injury	in Part I ar Part II af i	tem 1B.)		
20c. TIME OF INJURY Manth, Day, Year 20d. Hour a.m. While of wa		ACE OF INJURY (Hame, fo		n) (C	Caunty)	(State)
Haur a.m. 19 While at wa	IAGI MIIIE	ctary, street, affice bldg.,	etc.)			
	2 - 24	100	11 - 5	1-0		
21. I certify that I attended the decea	1	19.00, ta_		., 19 <u>99</u> hat I la		
alive an 7-0, 19	(29, and that death	accurred at 12:16				
10.00	1111 20	0	ADDRESS (Street, ci	ty ar tawn, state)	DATI	SIGNED
SIGNATURE ENWORDER	. Garingity	MO. WASH,	NO.TON	Chilic.	72.8	-6
and a second	//	u A	SH. LE.	Di Cra	D 0	
PHYSICIAN'S NAME (Type)	V	Washing	gton Clin	ic, Wash.	D. C.	
22a. BURIAL, CREMATION, 22b. DATE THEREO	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (C	ity, tawn, ar caunty)	(State	2)
REMOVAL (Specify) 4/12/60	Laurel Gro		PR 4		A TOWN	
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24- 86	TOTO EC'D BY REGISTRAR	24b. REGISTRAR'S SIG	Jersey	_
Robert A. Pumphrey,	Bethesda,	Maryland	APR 1 3 '60			
Toward Tree Township and Al	,	DATE	MINITO	arthur	d. Though	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/S8

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PLACE OF DEATH o. COUNTY Montgomer			MARYL	AND	2. USUAL RESIDENCE (WHO STATE Maryland	ere decease	d lived. If instituti b. COUNTY	on: Residence Montg	omerj	admission)
RURAL ond give ne		s, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF o		rote limits, write f	URAL and g	ive neares	st town)
Takoma Pa	TK. AL (If not in hospital, g	ium atanat	D.O.A.		6 Silver Spr	ing				
OR INSTITUTION	n Sanitari				9603 Armiste	ad Ro	ad			IS RESIDENCE ON A FARM? YES NO 🔀
NAME OF DECEASED (Type or print)	Harry	st ,	Abraham		Gottlieb	4. DATE OF DEATH	April		60 Day	Year 19
Male	6. COLOR OR RACE White	7. MARR	DIVORCED		Nov. 11, 190	7	9. AGE (In years last birthday) 52 yrs.			UNDER 24 HRS Hours Min.
. USUAL OCCUPATIO	ON (Give kind of work a	lone 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CITI	ZEN OF	WHAT COUNTR
Salesman	mg me, even il tenteu		olesale Lig	uer	Pennsylva	nia		U.	S.A.	
FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
Israel Go		570			Rose Popli	nger				
WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Add	ress		
No			nknown	Mrs	. Frances Go	ttlie	b-9603 A1	rmiste	ad Ro	d., S.S.,
Conditions, if an gove rise to it cotse (o), stoting lying couse lost.	mmediote the <u>under-</u> DUE TO	OLITIONIS (	augue	21	Dectoris NOT RELATED TO THE TERMI	Alat Distas	F CONDITION ON		101	/2 yea
1 201	ick significator core	JIIIOI43 <u>C</u>	ONTRIBOJINO TO DEA	IN BUT IN	OT REDATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAKI		PERFORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in F	ort I or Par	I II of item 18.)			-1.9
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Yeo	While of worl	Not while	20e. PLAC facto	CE OF INJURY (Hame, form, ory, street, office bldg., etc.	20f. (City	or town)	(C	ounty)	(Stote)
ACTUAL SIGNATURE	at I attended the woow April May D. (ax G. Sheir	312	Rem M		D. 2025 €		the causes of reet, city or town, seef	and on th		the decease stated abov DATE SIGNI
BURIAL, CREMATIO	N, 22b. DATE THEREO	4	22c. NAME OF CEMET	ERY OR	CREMATORY	22d, LOCA	ION (City, town,	or county)	1	(Stote)
REMOVAL (Specify) Burial	4-4-60		Kesher Isr				side. Mar			(3,0,6)
FUNERAL DIRECTOR		5-33	ADDRESS 411	st	1 / 1 / 24a. REC'E	BY REGISTOR 5		STRAR'S SIG	NAPURE	1

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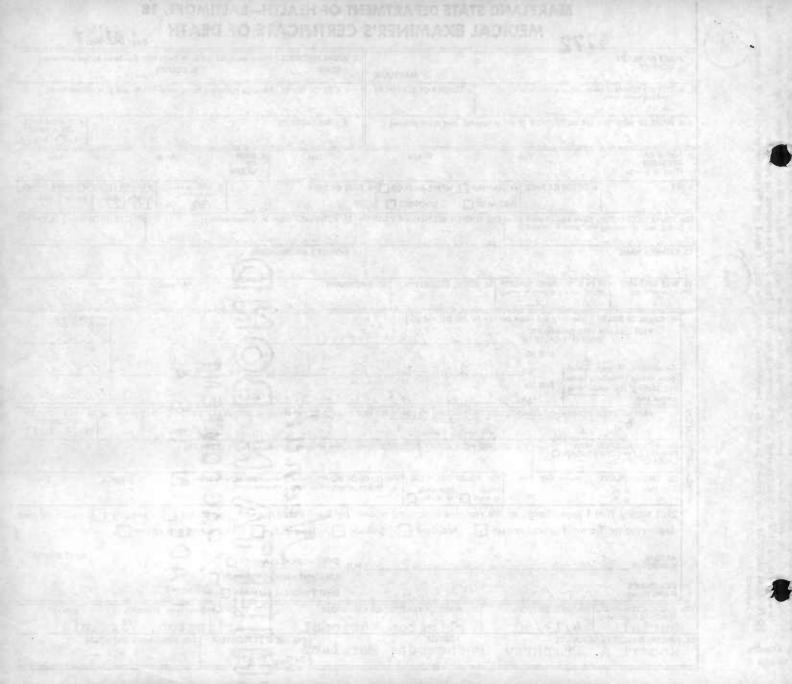
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If institution: Resid . COUNTY necessary, ector. Page a. STATE b. COUNTY Montg. Maryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporata limits, y is neces c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearast town)
Takoma Park Takoma Park d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE Oag ON A FARM? retained he State B 7139 Maple Ave 7139 Maple Ave. YES NO K NAME OF First Middla 4. DATE Month Year DECEASED OF the Apr. 22, 1960 Clinton William Graves (Typa or print) DEATH 19 \_ 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. ¥. may 2 wit last birthday) Months Days Hours /8/1917 malle white WIDOWED T DIVORCED 10 pd 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? d be executed within 24 hours af pencil in Item 18. Give Pages 1, 2 ice along with form PM3. Page 12 an dona during most of working life, even if retired) USA machenic auto. Va. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Inknown 5. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yas give war or datas of servica) permit. Bessie L. Graves (wife) " in pencir in re-1B. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).] INTERVAL BETWEEN Carbon monoxide poisoning PHILLIP GENERAL I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) n-auto DUE TO Conditions, if any, which (b) "pending" gava rise to immediata cause DUE TO (a), stating the underlying xecute the certificate, writing the word "pending to forwarded to the Chief Medical Examiner' ERAL DIRECTOR: Page 3 should be used as certificate causa last. cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO IX 20th. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in fart for Part II of item IB.)

Found dead in running auto parked in rear yard of home 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. with hose attached to exhaust extending thru window. WEDICAL 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) Whila Not While Hour e.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection K Inquiry X and in my opinion death resulted from: Natural causes Accident Suicide x Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Frank J. Broschart should | NAME (Typa) Address (Street, city, town, or county) DATE THEREOF 22c. /NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22e. BURIAL, CREMATION, 22b. (Stata) 960 Z40 FUNERAL DIRECTO 248. REC'D BY REGISTRAR 1/246. REGISTRAR'S SIGNATUR VS. A15ME 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation shauld PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside Corporate limits, write RUPAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Ungaton Wood e. IS RESIDENCE ON A FARM? YES NO NAME OF DATE OF DEATH First Middle Last Day Year DECEASED (Type or print) CL 19 / 5. SEX IFUNDER TYEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) C 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 Page IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Give INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per ling for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART W. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED SO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES N NO T 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING shauld 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) o. m. 3 of work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection . Inquiry and find that to the Chief / DIRECTOR: F deoth resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 Arlington National Buria Arlington, Virginia 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS. A15ME(5) Pumphrey Bethes da, Maryland arthur & Know DATE 1 9 '60 5M 9/55



AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MONTGOMERY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Pe RURAL and give nearest town) NORTH JACKSON d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 4501 TRAYMORE STREET STANDLE Middle 4. DATE NAME OF Lost Month DECEASED APRIL 3 CURTIS XX MXX XX GREENAWALT DEATH (Type ar print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGF (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH last pirthday) Manths WHITE MALE 8/8/78 WIDOWED TO DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
FARMER (Retired) OWN FARM NORTH JACKSON, OHIO pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN LEVIE GREENAWALT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Mrs. Earl Soltz, 4501 Traymore St. O Bethesda, Mary HATERVAL BETWEEN ottendi 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY has 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) 20c. TIME OF INJURY Month. Day, Year 20d, INJURY OCCURRED factory, street, affice bldg., etc.) While Not while at wark ot wark 21. I certify that (I) (this hospital) attended the deceased fram \_\_\_\_19 60, and that death accurred at 10 PM, from the causes and an the date stated above saw the deceased alive an. DIRECTOR: 22a. SIGNATURE ATTENDING M.D. 22c. PHYSICIAN'S 22d. ADDRESS esepth h. cowan 23a. BURIAL, CREMATION, 23b. DATE THEREOF

St

after death.

24. FUNERAL DIRECTOR'S SIGNATURE PUMDHREY.

23c. NAME OF CEMETERY OR CREMATORY NORTH JACKSON

23d. LOCATION (City, tawn, or county) MAHONING COUNTY. OHIO

IS RESIDENCE

ON A FARM?

YES NO

Yeor

1960

Day

U.S.A.

Haurs

ONSET AND DEATH

PERFORMED?

YES NO R

(State)

Days

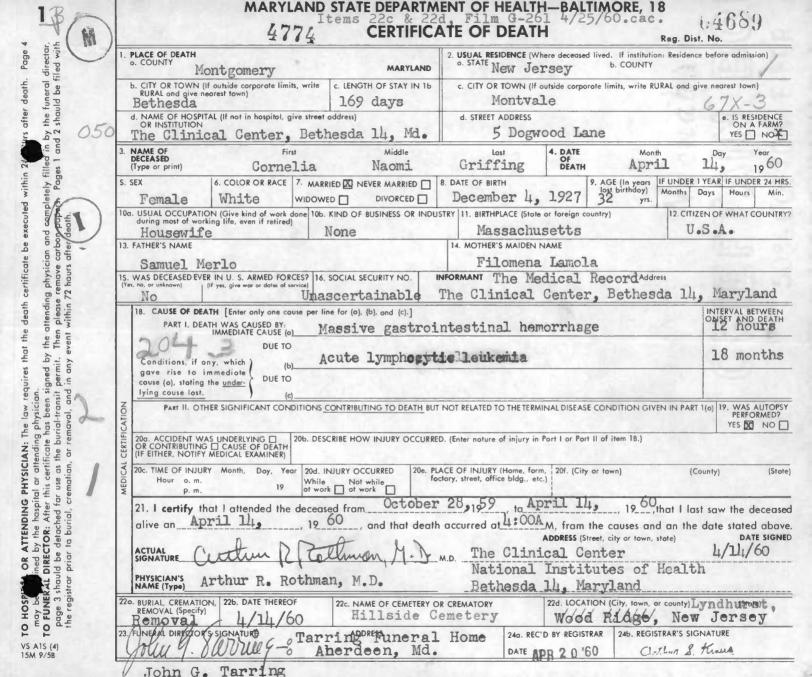
(County)

25g. REC'D BY REGISTRAR SILVER SPRING. MD.

25b. REGISTRAR'S SIGNATURE arthur & Hears

15M 9/59

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Torus Jones Jones		Legenda . La.		

Bethesda, Md.

ROBERT A. PUMPHREY

TO FUNER VS A15 (4)

15M 9/5B

64690 Reg. Dist. No.

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

4-21-60

Md.

(County)

nT90mer

e. IS RESIDENCE ON A FARM? YES NO Z

Year

1960

24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE APR 25 '60

ATTAS OF STADRIES OF DEATH and the second second of the second Late Cream Transmiss Care and the Commission of equipt agree coder fill committy frames for course 

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

Hours

ON A FARM?

YES NO

Year

PERFORMED? NO [

(State)

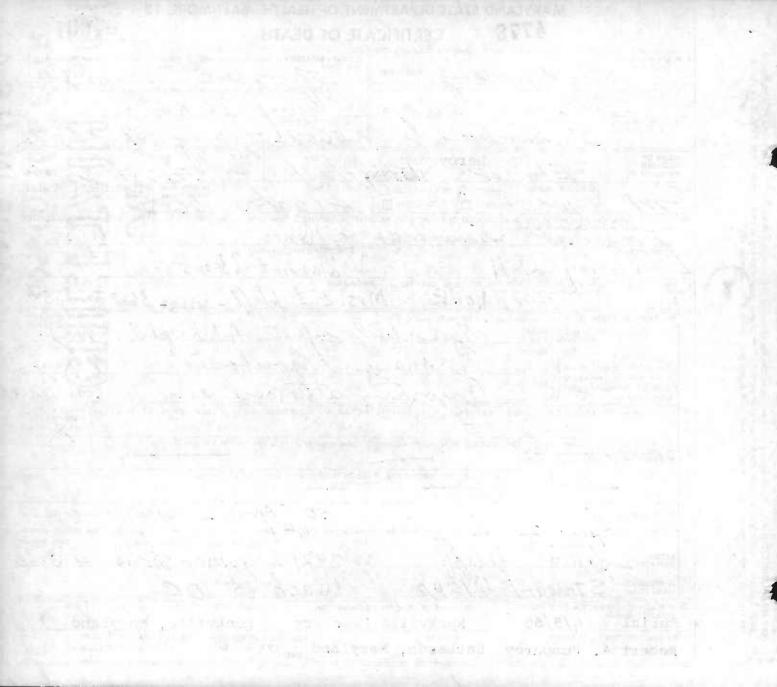
DATE SIGNED

(State)

YES

1960

ofter death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within VS A15 (4) 15M 9/5B



ADDRESS Alex S. Pope. Jule. REC'D BY REGISTRAR

DATE APR

414-15th St., S.E.

1:4692

Month

Manths

Reg. Dist. No.

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

INTERVAL BETWEEN ONSET AND DEATH

5 days

(Caunty)

24b. REGISTRAR'S SIGNATURE arthur S. Kroud

'60

PERFORMED? YES IN NO

(State)

DATE SIGNED

(State)

IS RESIDENCE ON A FARM?

YES NO X

19 60

0 1SM 9/SB

23. FUNERAL DIRECTOR'S SIGNATURE

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		and the stre	· · · · ·	and cardinal land	es let/s, on
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VS A15 (4) 15M 9/5B

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and the same of	The Committee of the			
		Like and the		
	and the state			

Martin more A.S. .

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Piney Branch Rd Manth April 9. AGE (In years lost birthday) yrs. Addres2725 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 20f. (City ar tawn) 1962 that I last saw the deceased \_M, fram the causes and an the date stated above. ADDRESS (Street, city ar tawn, state) 22d. LOCATION (City, town, or county) Pendleton, Oregon 24b. REGISTRAR'S SIGNATURE SPRING, MD. DATE APR 2 9 '60 Citting & Krous aumoua 15M 9/5B

ND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 695

Montgomery

Months

Day

27

U.S.A.

Washington. D.

(Caunty)

Days

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Haurs

39th St.

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

(Stote)

DATE SIGNED

(State)

PERFORMED? YES NO

e. IS RESIDENCE

ON A FARM?

YES NO TY

Year

19 60

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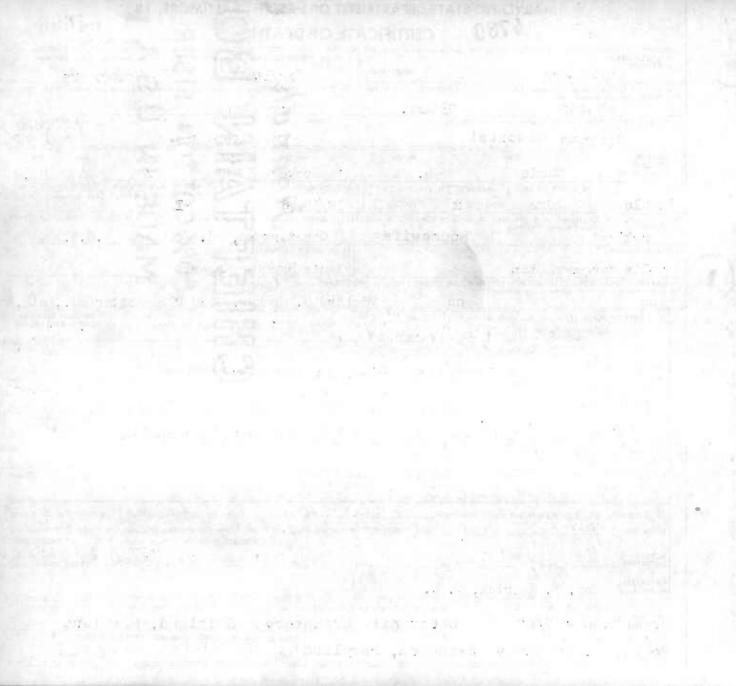
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Reg. Dist. No.

o. COUNTY Mon	tgomery	MARYLAND	a. STATE Maryla	b. CC	UNTY	omerv
RURAL ond give i	(If outside carparate limits, write nearest town) hesda	c. LENGTH OF STAY IN 16	c. city or town (if 53 Chevy	outside corporote limits, v		
OR INSTITUTION	ITAL (If not in hospitol, give street urban Hospita		d. STREET ADDRESS	1552 100	et	e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print)	Annie	Middle H .	Lost Hooker	4. DATE OF DEATH	Month 4	Day Year 4 19 60
s. sex Female	6. COLOR OR RACE 7. MAR		8. DATE OF BIRTH	9. AGE (In lost birth	4 1	YEAR IF UNDER 24 HRS. Pays Hours Min.
10a. USUAL OCCUPAT	tON (Give kind of wark dane 10b rking life, even if retired)		STRY 11. BIRTHPLACE (Store		12. CITIZE	S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Colin Fe	rguson Stam		Annie Hard	ing Roberts		
	ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.		on)	Address	
no no.	(If yes, give war or dates of service)	no · Ri	chard S. Hool	/	Ld Chester	Rd Beth N
Conditions, if gave rise to cause (a), stating lying couse last.  PART II. OI  PART III. OI  20a. ACCIDENT III. OI (IF EITHER, NOTIF)  20c. TIME OF INJU Haur a. m.	Immediate 3 the under- (c)  (c)  (d)  (e)  (e)  (f)  (f)  (f)  (f)  (f)  (f	CONTRIBUTING TO DEATH BUT  CONTRIBUTING TO DEATH	& Inland	Part I or Port IV of item		NOTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH
21. I certify to alive an	hat I attended the decear 19 19 19 19 19 19 19 19 19 19 19 19 19	M. D.  22c. NAME OF CEMETERY C	m.d. 6450 Concrete Crematory	M, from the cause ADDRESS (Street, city or Cusame Muy 22d. LOCATION (City, Suitlan	es and an the county)  Jellusta  town, or county)  id, Mary.	nd 4/4/60  (Stote)
23. FUNERAL DIRECTOR Robert		Bethesda, Ma		D BY REGISTRAR 246	REGISTRAR'S SIGN	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



# FOR STATE HEALTH-DEPT TO DE Y MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If the pelas is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your filter TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit the pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremotin, or removal, and in an event within 72 hours after death. VS. A1SME 5M 7/S9

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4791 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04037

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where decaased lived, It institution: Re	sidenca before edmission)
	Maryland Maryland	a. STATE DO b. COUNTY R	
-	b. CITY OR YOWN (if outside corporate limits,   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give percel lower
	write-RURAL end give heatest town)	C. CIT ON TOWN (II Outside Corporate Hillins, while NONAL and	y / S
	Bethisda 4/2 days	Corona	43X-3
	d. NAME OF HOSPITAL OR INSUITUTION (it not in hospitel, give street edduss)	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?
1 6	and the Cur	925 Hace Blood	YES NO X
	NAME OF First Middle	Lest   4. DATE Month	Day Year
	DECEASED (Type or print)	OF OF	
	Chighony Lenno 11	oward DEATH april	27 1960
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE (In years   IF UNDER 1)  tast birthcay)  Months   D	
	male white widowed Divorced	2-13-1897 63 yrs.	eys Hours Min.
10a do	. USUAL OCCUPATION (Give kind of work na during most of working life, evan if retirad)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
	Fred frame Relied	7	22-5 0
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	, ,
		ha	
10	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1	Margaret Marstall	
	, no, or unkown)   (Ifyesgivewerordetasofservice)	Address	
	Yes WW 1 Unknown Lu	be Howard (wite) Den	~ 2
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	,	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Orman	lusion	ONSE! AND DEATH
-	6-1 0 Y		
	DUE TO		
	Conditions, If eny, which (b)		
	(a), steting the underlying DUE TO		TO THE DOLLAR
	cause last. (c)		
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	(e) 19. WAS AUTOPSY PERFORMED?
E.			YES NO
JH.	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (I	Entar nature of Injury in Part I or Part II of item 18.)	Lad DICH
CERTIFICATION.	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.		
MEDICAL		CE OF INJURY (Homa, farm, ' 20f. (City or town) (Count	(State)
VED	Hour e.m. While Not While sat work at work	ory, street, office bldg., etc.)	
1	21. I certify that I took charge of the remains described above, he	old an Autopsy , Inspection , Inquiry ,	end in my opinion
			end in my opinion
	death resulted from: Natural causes X. Accident, Suic	ide, Homicide, Undetermined manner	
	A	CHIEF MEDICAL EXAMINER	
	SIGNATURE Trank & Broschart	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S TO	DEPUTY MEDICAL EXAMINER 4-2	7 61
	NAME (Type) FLANK J. BLOSCHZHT	Addrass (Streat, city, town, or county)	/~ ~ 0
22a	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or country)	(State)
B	ur-Transit 4/29/60   Crest Lawn	Cemetery   Corona, Califo	rnia
	FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR   246. REGISTRAR'S SIG	
	Robert A. Pumphrey Bethesda, Ma		t a
_		DATE ADR 2 9 '60   Citing 8	Croud

Actual Control of the Xes the second s THE DIRECTOR OF THE PARTY OF TH Religion A. Brancas Beckers, Maryland 4679 LOOK ST

ION	OF STATISTICAL	RESEARCH	AND	RECORD	os —	BALTIM	10
	CE	DTIELC	ATE	OF	DE	ATL	

CERTIFICATE OF DEATH

64698

	4602	CEKTIFICA	IE OF DEATH		4008
1. 1	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived.	If institution: Residence t	pefore admission)
(	. COUNTY	MARYLAND	o. STATE b	. COUNTY + COM	to a coch
-	c. CITY OR TOWN of outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate lim	its write PUPAL and give	negrest (own)
-	RURAL and give represt town)	72/	340	na, with Kokine and give	Thousand the same of the same
1	a Koma Fark	23 days	Jailver Spring		
(	NAME OF HOSPITAL (If not in hospitol, give street or OR INSTITUTION	ddress)	d. STREET ADDRESS	1 01	e. IS RESIDENCE ON A FARM?
	Washington Santar	was + HOSpita	12719 Kanduly	LANd	YES NO
. !	NAME OF First	Middle	Lost 4. DATE	Month	Day Year
	Type or print)  May 10 = 193	Marie, L	Laurell OF DEATH	16 1	7 196
j. 5	EX 6. COLOR OF RACE 7. MARRIE	ED NEVER MARRIED	B. DATE OF BIRTH 18 9. AGE	(In years IF UNDER 1 Y	
5	1. 1. 1.		1.11, XES 1031 lost	birthdoy) Months Do	ys Hours Min.
_	rola IV NIIV		3019 14-1921 3	yrs.	1 05 14/147 6019179
UO	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUS	10	12.CITIZEN	OF WHAT COUNTR'
	Hausew, fe	own home	Tennsylvania	u.	.J. H.
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
10	Frederick Bush		Isulvia Crav	ner	
		OCIAL SECURITY NO. 17. IN	FORMANT	Address	
05	, no, or unknown) (If yes, give war or dates of service)	56-186-698	Hespital Recorde		
7	In CAUSE OF DEATH (Entrant) and agree of the	500 (a) (b)1 (a) 1	14 (660103	1	INTERVAL BETWEEN
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY:	1 for (b), (b), and (c),	a buite &		DISET AND DEATH
	IMMEDIATE CAUSE (o)	lucian yo	few truly		3 wr
	578X DUE TO	1-1	0		> 1
	Conditions, if ony, which ) (b)	ujvalion	of color		SWR
	gove rise to immediate DUE TO				
	lying couse lost. (c)				
2	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONT	DITION GIVEN IN PART 1(	o) 19. WAS AUTOPS
CAHON					PERFORMED?
5	20a. ACCIDENT WAS UNDERLYING 20b. DESC	DIDE HOW INTIMES OCCUPANT	). (Enter noture of injury in Port I or Port II of i	lem 19 1	I IES ES INO E
CERTIFI	OR CONTRIBUTING  CAUSE OF DEATH	THE HOTE HEIGHT OCCURRED	c. (Ellier notate of impry in control for for it		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL		Land	CE OF INJURY (Home, farm, 20f. (City or tow tory, street, office bldg., etc.)	n) (Cou	nty) (Stot
415		Not while of work			
	21. I certify that (I) (this haspital) attende	d the deceased from	3->6 1960, ta	4-17 1060	that (I) (we) la
	11-1	/	7.4		
	saw the deceased alive an	1927, and that de	eath accurred at23-AM, from the c	auses and an the d	are stated abov
	11/1/2/11/11	2	A.D. PHYS. MED. STA	FF _	SIGN
	22c. PHYSICIAN'S	7 X A	A.D. PHYS. DIRECTOR PHY	š. 📋	4-1-1-6
	NAME (Type) A.IV. D. A.	c 44	927 PERSHI	10 Da	
	ואדוני א	>//	1721 0 8123/17/	22 N/	
3a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF PARKLAWN CEMET	CREMATORY 23d. LOCATION (C	City, town, or county)	(Stote)
	BURIAL (Specify) 4/19/60	PAKKLAWN CEMET	EKY MONTGOME	RY COUNTY, M	1D.
24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNA	ATURE
d	NER E TOPHOLY BNC.	SILVER SPRING	DATE APR 1 9 '60	Cithun 8. to	Aur
-	my / we ar - prince		DAIL AND BE		

urs after death. Page 4 TO HOSP ILL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Pars after death. Page 4 may be fined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, gremation, ar remaval, and in any event, within 72 hours ofter death. VR A15 (4) 15M 9/59

The transfer of the second of Chympical L. Berley.

VR A1S (4) 1SM 9/S9

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urs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
4782 CERTIFICATE OF DEATH

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11. Mar.

		-								
1. PLACE OF DEATE	н		MARYLAN	0	SUAL RESIDENCE (W	Vhere decease	d lived. If institution	on: Residence b	efore admis	sion)
Moi	NTGOMERY		MAKTLAN	10	MARYLAND	)	М	ONTGOME	RV	
	N (If outside corporate limi	ts, write	c. LENGTH OF STAY IN	1b c.	CITY OR TOWN (If	_				n)
RURAL and giv	ve nearest town)			V				9		
OLI	NEY		3 DAYS		SILVER S	PRING				
d. NAME OF HO	SPITAL (If not in hospital, g	ive street	oddress)	, d	. STREET ADDRESS				e. IS RE	SIDENCE
OR INSTITUTION	ON			/					ON	A FARM?
MONTGOME	RY COUNTY GEN	IERAL	HOSPITAL	1	RT. 1				YES [	] NO [
3. NAME OF	Fir	-1	Middle		Last	4. DATE	44	4		V
DECEASED		31	Middle		LUSI	OF	Mon	im	Day	Year
(Type or print)	Cnr.	· HOED	CLEVELAND H			DEATH	A = = :	. 0	-	19 00
S. SEX	A COLOR OF PACE	7	IED NEVER MARRIED	POAT	E OF BIRTH		9. AGE (In years	THUNDER TYE	AR IE LIND	ER 24 HRS
J. JLA	B. COLOR OR RACE	/· MARK	IED NEVER WARRIED	J B. DAI	C OF BIKIN		lost birthdoy)	Months Day	-	Min.
MALE	WHITE	WIDOWE	DIVORCED T	] 6	/25/1884		75 yrs.	Monnis Day	rs Hours	win.
			/				12	120 01717		
during most of	ATION (Give kind of work working life, even if retired	done 10b.	KIND OF BUSINESS OR IN	NDUSTRY 1	1. BIRTHPLACE (Stote	e or foreign c	country)	12. CITIZEN	OF WHAT	COUNTRY
1.3			7		Manager			11 0		
Farme		- 1	Same as 10a		MARYLAND			U. S	· 16.	
13. FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME				
JOHN	Howes				HELEN	M. G/	THER			
	EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 1	7. INFORM	ANT		Add	ress		
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)								
no			none		HOSPITAL	RECORD	S. OLN	EV MAD	YLAND	
	means to									CTIVICES .
	DEATH [Enter only one co	use per in	ie ibi (b), (b), ond (c).]		1 14	- 0		C	NTERVAL ON SEL SAN	DEATH
PART I.	DEATH WAS CAUSED BY:		Hemi H	0 4 3 4	131	1-61	WELVIA		The T	The same
70.70	IMMEDIATE CAUSE (c	)	112111 41	2/10	1,-1		11-11-		-	
25.25	DUE TO		1 1	- 11	1				1	1
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lying couse l	ost. ) (c	:)(:								,
Z PART II.	OTHER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NOT R	ELATED TO THE TERA	MINAL DISEAS	E CONDITION GIV	EN IN PART 1(c	19. WAS	AUTOPSY
E I		-							PERF	ORMED?
3									YES	NOX
E 20g ACCIDENT	WAS LINIDERLYING IT	20h DESC	RIBE HOW INJURY OCCU	IPPED (Ent	or noture of injury in	Port Lor Por	t II of item 18 )			
OR CONTRIBUT	WAS UNDERLYING [	200. DE30	TRIBE HOW HAJORI OCCO	KKED. (LINE	er norore or injury in	1 1011 101 101	it it of them ro.,			
PART II.  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	TIFY MEDICAL EXAMINER)									
				01 1 00 0	E INTERNATION CO.	1000 101				
20c. TIME OF IN Hour o.			NJURY OCCURRED 20e		F INJURY (Home, for		y or town)	(Coun	ity)	(Stote
Hour o.	10	While	Not while	tociory, s	treet, office bldg., el	rc.)				
₹ p.	m. 17	of worl	t ot work					1		
1			1.1	4.7	77	60	1151	1.00	.1	
21. I certify	that (1) (this hospita	attend	ed the deceased tra	m		0 , .ta_	714	19 000	that (I)	(we) las
saw the dec	eased alive on	26	10(a) and the	طف حام ه	accurred at	AA from	the almes as	مام عطاة عبد أما		d abaua
			1/ Yana The	ur dedin	accurred at		the couses an	id un The do		
22o. SIGNATUR	THE PARTY				5:15	PM		. 1	1 . 2	26. DATE
	1 1117	100		MD	ATTENDING	MED.	STAFF	4/2-	1/1	SIGNED
	1	1				DIRECTOR L	PHYS.	1/4	100	
22c. PHYSICIAN		1		2	22d. ADDRESS				1	
NAME (Typ		1,00	lu n	100	C	C	un Manue			
	Co Ho L	GON	Pa Va		DANG	X DERI	NG. MARY	LAND		
23a. BURIAL, CREMA	ATION, 236. DATE THEREC	)F	23c. NAME OF CEMETER	Y OR CREA			TION (City, town,		(Sto	tel
REMOVAL (Spe		-	Too. I will Of Cometer	On Chen		200. 200			(310)	
Burial	4-29-60	)	Mt. Carme	1		Suns	shine. N	Md.		
24. FUNERAL DIRECT	The state of the s		ADDRESS		25c nc	C'D BY BEGIS		STRAR'S SIGNA	TURE	
24. DINEKAL DIKEC	(3)		ADDKE33			,				
Trances	274. Searl	22	Levtonsvi]	lle.	Md. DATEAL	PR 29 '6	io in	Ung S. Kr	alla	
11000		-	- JOILD VI		TILL B	[] fo -				

TE THE OWNER OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 471 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before edmission) . COUNTY a. STATE b. COUNTY Health, director. Pag-MARYLAND CITY OR TOWN (if outlide corporate limits, write, RURAL and give nearest town) c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest lown) your do b d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) e. IS RESIDENCE ON A FARM? YES NO X 3. NAME OF DATE Middle Month Year DECEASED OF (Type or print) DEATH 19/20 5. SEX 8. DATE OF SIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED AGE (In/ Years LIF UNDER 1 YEAR may 2 wit last bighday) Months pue WIDOWED DIVORCED E'C'S USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lifa, evan if retired) 91-5.6 PM3. Pe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 8 Give E] 17.8 Green James R. Howes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no, or unkown) (Ifyas give war or datas of servica) Howes, Rt. #2 GaithersburgMD George with None 18. CAUSE OF DEATH [Enlar only one cause par line for (a), (b), and (c),] INTERVAL BETWEEN along transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pencil IMMEDIATE CAUSE (a) DUE TO plnods - in Conditions, if any, which (b) gava rise to immadiata cause "pending" 10 DUE TO word "per-(a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO A plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of Injury In Part I or Part II of itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. writing be Chief I MEDICAL 20d. INJURY OCCURRED | 2Da. PLACE OF INJURY (Homa, farm, ! 20c. TIME OF INJURY Month, Day, Year 20f. (City or lown) (County) (Slala) factory, street, office bldg., etc.) Not While While Hour a.m. at work at work the certificate, 50 th 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 1 Inquiry and in my opinion lease execute the certific should be forwarded to PUNERAL DIRECTO MEDICAL death resulted from: Accident Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE designa DEPUTY MEDICAL EXAMINER NAME (Typa) Address (Streat, city, town, or county) 22a, SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Slate) REMOVAL (Spacify) b 240 Burial Apri 19.1960 Neelsvi 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Neelsville 23. FUNERAL DIRECTOR ADDRESS VS. A15ME Circhan S. Kraus 5M 7/59 avtonsvi

ATTENDED OF THE PROPERTY OF THE PARTY OF THE THE PARTY OF THE PERSON NAMED IN COLUMN TO SERVICE

after death.

the death

SHOWS IN THE RESERVE OF THE STATE OF THE SHOWS . HI . CLIP HOTEL PRODUCTION OF THE LOCAL CONTROL OF THE CONTROL O All comments and a second

22c. NAME OF CEMETERY OR CREMATORY

SILVER SPRING, MD.

St. John's Cemetery

**ADDRESS** 

22d. LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR

DATE

Forest Glen, Montgomery Co., Md.

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

(Stote)

22b. DATE THEREOF

4/4/60

220. BURIAL, CREMATION,

TO FUNERAL VS A15 (4) 1SM 9/58

ofter death.

The law requires that the death certificate be executed

A Aberlo madmined 1.5853 Partial Porte:

21 Partial Porte:

21 Partial Porte:

21 Partial Porte:

22 Partial Porte:

23 Partial Porte:

24 Porte:

25 Partial Porte:

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28 the state of the s the thorn but into the Miller Miller Committee and Co The second of th A SAME OF THE PARTY OF THE PART

鑫 1.	PLACE OF DEATH				2. USUAV RESIDENCE (WI	nere deceosed lived. If institu		admission)
	o. COUNTY Mon	tgomery C	ounty	MARYLAND	o. STATE any Ca	& b. COUNT	horlegone	~,
16. 9	b. CITY OR TOWN	(If outside corporate lim	nits, write c. LENC	OTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL one give neare	town)
	- 6-	DRTHES	DA			etor		-
1711	d. NAME OF HOSE OR INSTITUTION	PITAL (If nat in hospital,	give street oddress)		d. STREET ADDRESS	10.0	21.0	IS RESIDENCE ON A FARM?
17		rban Hosp	ital		1211	o Maleur	vecher.	YES NO
3.	NAME OF DECEASED (Type or print)	1	rst	Middle /	Lost	4. DATE M. DEATH A DOLL	onth Day	Year 19 G
5	SEX	6. COLOR OR RACE	7. MARRIED N	NEVER MARRIED TV	HUSS L DATE OF BIRTH	9. AGE In year	IF UNDER 1 YEAR IF	.,
0	Female	White	WIDOWED	DIVORCED [	4/16/6	lost birthdoy)		Hours Min.
10	a. USUAL OCCUPAT	111111111111111111111111111111111111111	done 10b. KIND OF	BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF W	
	doring most of w	Orking ine, even in tenter	-		MAN	-YLAND	43	SA
13	. FATHER'S NAME				14. MOTHER'S MAIDEN	NWE		
(1)	Willia			Huss	Gloris			
1 15	WAS DECEASED E	VER IN U. S. ARMED FOI 1 (If yes, give wor or dates of		SECURITY NO.	FORMANT		ddress	
1			_	-	Hospital	Records		
		EATH [Enter only one content was CAUSED BY:	ouse per line for (o).	, (b), ond (c).]	, , , ,		INTER'	VAL BETWEEN
	- 6 1	IMMEDIATE CAUSE (		MATUR	11/ -13	WEEKS		
	761	DUE TO		MATUR	2017 - 13	WEEKS		
	Conditions, if gove rise to	ony, which immediate (	PREMAT	URE LA	30R-RUPTUR	CED MEMBRA		
	Conditions, if gove rise to couse (o), statin	Ony, which immediate on the under-	PREMAT	ORE LA	BOR-RUTUR	CED MEMBRA		
Z	Conditions, if gove rise to couse (o), stotin lying couse los	ony, which immediate on the under-	PREMAT			CED MEMBRA	INES	WAS AUTOPS)
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Conditions, if gove rise to couse (o), stotin lying couse los	ony, which immediate on the under-	PREMAT				SIVEN IN PART I(o) 19.	WAS AUTOPS'
MEIGATION	Conditions, if gove rise to couse (a), stotin lying couse los	ony, which immediate ag the under-	DEPREMATED OF THE PROPERTY OF	JTING TO DEATH BUT	NOT RELATED TO THETERM		SIVEN IN PART I(o) 19.	WAS AUTOPS'
CERTIE	Conditions, if gove rise to couse (a), stotin lying couse los  PART II. C  200. ACCIDENT V  OR CONTRIBUTIN (IF EITHER, NOTII	ony, which immediate on the under-	DEPREMATED OF THE PROPERTY OF	JTING TO DEATH BUT	NOT RELATED TO THETERM	INAL DISEASE CONDITION G	SIVEN IN PART I(o) 19.	WAS AUTOPS\
CERTIE	Conditions, if gove rise to couse (a), stotin lying couse los  PART II. C  200. ACCIDENT V  OR CONTRIBUTIN (IF EITHER, NOTII	ONY, which immediate and the under to the un	PREMATO DO	UTING TO DEATH BUT	NOT RELATED TO THE TERM  . (Enter noture of injury in	NAL DISEASE CONDITION G Port I or Port II of item 18.)  1, 1 20f. (City or town)	SIVEN IN PART I(o) 19.	WAS AUTOPS' PERFORMED?
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FDICAL CERTIFI	Conditions, if gove rise to couse (a), stotin lying couse los PART II. CO CONTRIBUTION (IF EITHER, NOTIL)  20c. TIME OF INJUMENT OF INJUME	ONY, which immediate and the under- oth.  OTHER SIGNIFICANT CON  WAS UNDERLYING  NG CAUSE OF DEATH FY MEDICAL EXAMINER)  URY Month, Doy, Ye  1. 19	20b. DESCRIBE HO  20d. INJURY OF While Not of work   of work	OW INJURY OCCURRED  CCURRED 20e. PLA foot work   n. 446	NOT RELATED TO THE TERM  . (Enter noture of injury in CE OF INJURY (Home, formory, street, office bldg., etc., 19, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	Port I or Port II of item 18.)  1, 20f. (City or town)	(County)  Othat I last saw and on the date s	WAS AUTOPS PERFORMED? (Stot)  the decease
FDICAL CERTIFI	Conditions, if gove rise to couse (o), stotin lying couse los PART II. CO CONTRIBUTIN (IF EITHER, NOTIL Hour o, m. p. m. 21. I certify	ONY, which immediate and the under- oth.  OTHER SIGNIFICANT CON  WAS UNDERLYING  NG CAUSE OF DEATH FY MEDICAL EXAMINER)  URY Month, Doy, Ye  1. 19	20b. DESCRIBE HO  20d. INJURY OF While Not of work   of work	OW INJURY OCCURRED  CCURRED 20e. PLA foot work   n. 446	NOT RELATED TO THE TERM  . (Enter noture of injury in CE OF INJURY (Home, formory, street, office bldg., etc., 19, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	Port I or Port II of item 18.)  1, 20f. (City or town)  4.  M, fram the causes of	(County)  Othat I last saw and on the date s	WAS AUTOPS' PERFORMED? /ES NO (Stot
FDICAL CERTIFI	Conditions, if gove rise to couse (a), stotin lying couse los PART II. CO OR CONTRIBUTIN (IF EITHER, NOTIL Hour o. m. p. m. 21. I certify alive an	ONY, which immediate and the under- oth.  OTHER SIGNIFICANT CON  WAS UNDERLYING  NG CAUSE OF DEATH FY MEDICAL EXAMINER)  URY Month, Doy, Ye  1. 19	20b. DESCRIBE HO  20b. DESCRIBE HO  While Noi of work of No	OW INJURY OCCURRED  CCURRED 20e. PLA foot work   n. 446	NOT RELATED TO THE TERM  . (Enter noture of injury in CE OF INJURY (Home, formory, street, office bldg., etc., 19, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	Port I or Port II of item 18.)  1, 20f. (City or town)  4.  M, fram the causes of	(County)  Othat I last saw and on the date s	WAS AUTOPS PERFORMED? (Stot
MEDICAL CERTIFI	Conditions, if gove rise to couse (o), stotin lying couse los PART II. CO CONTRIBUTING (IF EITHER, NOTIL HOUR O, mm. 21. I certify alive an	ONY, which immediate and the i	20b. DESCRIBE HO  20b. DESCRIBE HO  While Not of work of the deceased from  1960	OW INJURY OCCURRED  CCURRED 20e. PLA foot work   and that death	NOT RELATED TO THE TERM  (Enter noture of injury in  CE OF INJURY (Home, formory, street, office bldg., etc.  1960, to.  accurred at.	Port I or Port II of item 18.)  1, 20f. (City or town)  4.  M, fram the causes of	(County)  (County)  (Athat I last saw and on the date son, stote)	WAS AUTOPS PERFORMED? (Stot
MEDICAL CERTIFI	Conditions, if gove rise to couse (a), stotin lying couse los PART II. CO PART II. CO CONTRIBUTIN (IF EITHER, NOTII Hour o.m. p. m  21. I certify alive an	ONY, which immediate and the i	20b. DESCRIBE HO  20b. DESCRIBE HO  While Not of work of the deceased from  1960	DUTING TO DEATH BUT DOWN INJURY OCCURRED to while to while to make the state of the	NOT RELATED TO THE TERM  (Enter noture of injury in  CE OF INJURY (Home, formory, street, office bldg., etc.  1960, to.  accurred at.	Port I or Port II of item 18.)  1, 20f. (City or town)  1, 196  M, fram the causes of ADDRESS (Street, city or town)	(County)  (County)  (County)  (County)  (County)  (County)  (County)	WAS AUTOPS PERFORMED? (ES NO [  (Sto
MEDICAL CERTIFI	Conditions, if gove rise to couse (o), stotin lying couse los PART II. CO PART II. CO CONTRIBUTION (IF EITHER, NOTIL HOUR O. M. P. M. 21. I certify alive an	ONY, which immediate and the i	20b. DESCRIBE HO  20b. DESCRIBE HO  While Not of work	DUTING TO DEATH BUT DOWN INJURY OCCURRED to while to while to make the state of the	NOT RELATED TO THE TERM  (Enter noture of injury in  CE OF INJURY (Home, formory, street, office bldg., etc., 1960, to., accurred at. 7//04  I.D.  CREMATORY	Port I or Port II of item 18.)  1, 20f. (City or town)  1, 20f. (City or town)  M, fram the causes of ADDRESS (Street, city or town)  22d. LOCATION (City, town)	(County)  (County)  (County)  (County)  (County)  (County)  (County)	WAS AUTOPPERFORMED?  (Stotal Mole)  (Stotal Mole)

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

64764

*	-	1	2729 CERTIFICATE OF DEATH
n. Page 4	With	N )	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Po dise	8	"	MARYLAND MARYLAND O. STATE Maryland b. COUNTY Montgomery
eral .	be fi		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
			ROCKVILLE 33 ROCKVILLE
fter he f	shauld	,	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  e. IS RESIDENCE ON A FARM?
by t		X	4420 Aspen Hill Road  4420 Aspen Hill Road  ON A FARM?  YES  NO  NO
	0		3. NAME OF First Middle Last 4. DATE Manth Day Year OF
in 24 filled	eath.		(Type or print) Forrest R. Jackson DEATH Apr. 16, 1960
vithii	Pag	33	S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  1899  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Maghts   Days   Hours   Min.
d w	rs. offer		Male White WIDOWED DIVORCED October 26, 60 yrs. 5 20
cute Om	ape		10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State ar foreign country)  12. CITIZEN OF WHAT COUNTRY?
exe opu	d ha		Accountant Accounting Pennsylvania US
be n	rbo 72		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ote icia	ithir		John W. Jackson Annie R. Runbel
rtificat	DE A	= )	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N 17. INFORMANT Address  (Yes, no, or unknown)   (If yes, give wor or dotes of service)
o m	9 9	1	No 578-03-5441 WilliamL. Jackson-brother-same as 2d
leath of	edse any e		18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH
e de	in o		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COFON 254 Throm 5055 Minuses
the th	The		1/1 /2 A 79
tho by	± 70		Conditions, if any, which) (b) Anderio sclere tic heart disease years
res	novon		gove rise to immediate DUSTO
equ sign	i b		couse (a), stating the <u>under-</u>
icia een	rans In 'u	K	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
e lo phys	al-t	(1)	Pulmondry Emphysem 2 YES NO IL
ng n	emc		20a, ACCIDENT WAS UNDERLYING [] 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II of item 18.)
AN	the '-		20a. ACCIDENT WAS UNDERLYING ☐ ✓20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.)  OR CONTRIBUTING ☐ CAUSE OF DEATH  II EITHER, NOTIFY MEDICAL EXAMINER)
SICI	orrio		S 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
l or	to b		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur a.m.  p. m.  19  20d. INJURY OCCURRED factory, street, office bldg., etc.)  (County) (Stote)
pito Br	for		21. I certify that (I) (this hospital) attended the deceased fram. 2/12 1960, to 2/16 1960 that (I) (we) last
DIN hos Afte	hed h		0/0.000
the TEN	tac		22a. SIGNATURE 22b. DATE
A P	d d		M.D. PHYS. DIRECTOR PHYS. SIGNED
OR ined	d b		22c. Physician's 22d. Address
M d	shaul Boa		NAME (Type) W. Latimer 1728 Mass. Ave., N. W., Washington, DO
be NER	s 3		230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
HO TO FU	he Si		Burial 4/21/60 Pennsburg Church Cem. Red Hill, Pennsylvania
0 0	-		24. FUNERAL DIRECTOR'S SIGNATUREADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AIS	(4)		Robert A. Pumphrey Bethesda, Maryland DATAPR 19'60 Cullun S. Kraus

VR A15

Page

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	Taking in the August St.		Call Carrier
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W. let militar	1728 Mass.Avc., U		10.00
	THE PROPERTY OF THE PROPERTY O		
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4666	CERTIFICA	TE OF DEATH	Reg. D	min 205
1. PLACE OF DEATH O. COUNTY ON TOOM & MY	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	ed lived. If institution: Resider b. COUNTY	nce before admission)
b. CITY OR TOWN (If outlide corporate limits, write RURA) and give neorest town)	NGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	orote limits, write RURAL and	give nearest town) 83 X - 3
d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION	OME	d. STREET ADDRESS 1608 Tucker	ave	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle	Lost 4. DATE OF DEATH	April	Day Yeor 20, 1960
5. SEX 6. COLOR OR RACE MARRIED WIDOWED WIDOWED		2 LOATE OF BIRTH 2019 17 1865	9. AGE (In years lost birthday) yrs.	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even it retired)	OF BUSINESS OR INDUST	TRY M. BIRTHPLACE (State or foreign	country) 12. Cl	TIZEN OF WHAT COUNTRY
Thomas D Diri	ne	14. MOTHER'S MAIDEN NAME' Emily	Wrigh	+
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (Yes. no. pr yinknown) (If yes, give wor or dates of service)	ONE R	My T Payno	Sr 1608 7	Lean Va
1B. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(a), (b), and (c).]	myoral	ilolisa	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which (b)	acone	- my ole	aliel ale	Zaan
gave rise to immediate couse (a), stating the under-lying cause last.	teneale	gelacter	iosclar	Byen
PART IL OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PAI	PERFORMED? YES NO D
OR CONTRIBUTING CO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED.	. (Enter nature of injury in Part 1 or Pa	rt II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year Hour a. m. White at work	Not while facts	CE OF INJURY (Home, farm, 20f. (Citory, street, office bldg., etc.)	y or town) (	County) (State)
21. I certify that I attended the deceased fralive on 4-1966		occurred at 3 AM, fra	20, 1960 that I	
ACTUAL SIGNATURE	)	ADDRESS (	Street, city or town, state)	Cl. 4-20
PHYSICIAN'S ON S	Ugeks	Alle	Is how	

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR DATE APR 2 2 '60

(Stote)

TO FUNE VS A15 (4) 1SM 10/57 220. BURIAL, CREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

AND LAND WIND DESIGNATION OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PARTY

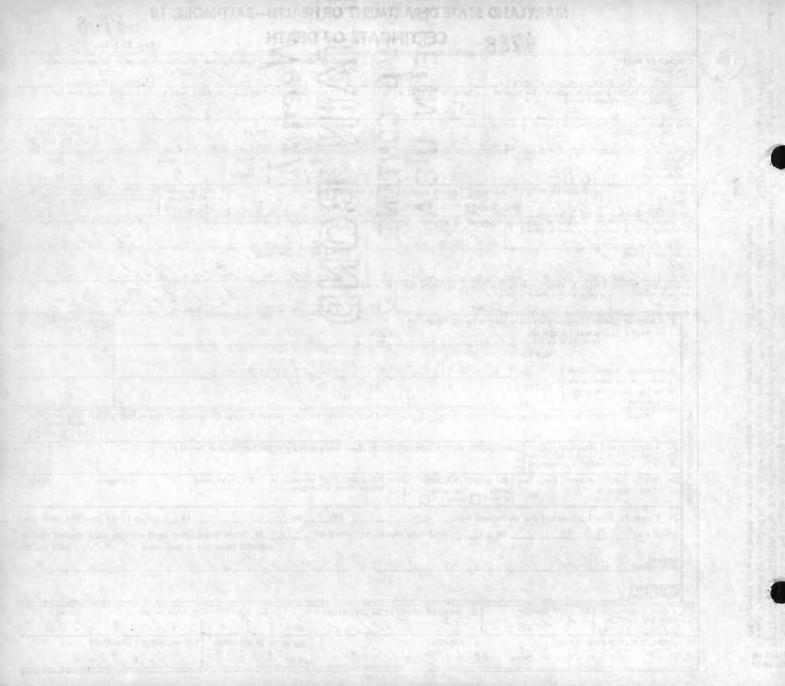
VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 478€

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits deside c. LENGTH OF STAY IN 1b  RURAL and give nearest town)  d. NAME OF HOSPIAL (If not in hospital, give street address)  OR INSTITUTION	c. CITY OR TOWN If outside corporate limits, write RURAL and the nearest town 59 3 c. IS RESIDENCE ON A FARM?
6210 - Grathie Lane	6 20 Crathie Lane YES NO.
3. NAME OF DECEASED (Type or print) NORA First Middle	HNSON 14. DATE Month Day Year OF DEATH 1960
3. SEX 3. SEX 3. SEX 3. SEX 3. SEX 3. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  9. AGE (In years lost birthday)  12-3-73  9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done duping most of working life; even if retired)  Tousewife Williams	STRY 11. BIRTHPLACE (Stole, or foreign country)  12. CITIZEN OF WHAT COUNTRY
William H. Harrison	Mary E. Bradhal
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II [19. go or unknown] [19. go or	NFORMANT of 6210-Grathy Fand
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), staling the under-lying cause last.  (b)  DUE TO  (c)	ed arteroschera.
(-)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part 1 or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m.  p. m.  19 at work at wark	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
21. I certify that I attended the deceased fram land alive an march 31, 1960, and that death actual signature Walto K. Angeoine,	accurred at 7:33 Q.M. from the causes and an the date stated above  ADDRESS (Street, city or town, state)  M.D. 6300 - 1343 S.L. M.U. Wash (1.4) S.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	REMATORY 22d. LOCATION (City, town, or county) (State)
20. W. Chambers G. She, 3072-1m. Ad. 1.	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE APR 4 '60 Corthur S. Known



TO HOSP C OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 20 are softer death. Page 4 may be already by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 shauld be filled with the State Board at Health priar to burial, cremation, ar remaval, and in any prenty within 72 hours after death. rs after death. Page 4

VR A15 (4) 1SM 9/S9

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

04707

1. PLACE OF DEATH  o. COUNTY  MONTGOMERY		MARY		USUAL RESIDENCE (MO. STATE		b. COUNTY	۲.	
b. CITY OR TOWN (If outside corpore RURAL and give nearest town)	ote limits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	13	rate limits, write	MONTGOME RURAL ond give r	
d. NAME OF HOSPITAL (If not in hospinal of INSTITUTION		GEN - HOSPIT		d. STREET ADDRESS	TE #1			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First WALKER	Middle JAME		Last	4. DATE OF DEATH	Mo		Day Year
	RACE 7. MAI	RRIED X NEVER MARRI	ED   8. D	JOHNSON ATE OF BIRTH		9. AGE (In years last birthday)	-	AR IF UNDER 24 HI
MALE NEGRO  10a. USUAL OCCUPATION (Give kind of	work dane 10b			12-26-1886 11. BIRTHPLACE (Stot	e or foreign co	73 yrs		OF WHAT COUNTR
during mast of working life, even if FARMER  3. FATHER'S NAME	refired)		11	MARYL,			U. S	. A.
UNKNOW	٧			HARRIETT		N		
S. WAS DECEASEDEVER IN U. S. ARME (Yes, no, ar unknown) (If yes, give war or d		. SOCIAL SECURITY NO				Ade	er MD	
lying cause lost.	OUE TO (c)	tertu se	int	Obse	tru	ction		lukue
PART II. OTHER SIGNIFICAN  PART II. OTHER SIGNIFICAN  20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING  OR CONTRIBUTING  CUSE OF E  Ulf EITHER, NOTIFY MEDICAL EXAM							IVEN IN PART I(0	PERFORMED?
	DEATH	SCRIBE HOW INJURY O	CCURRED. (E	nter noture of injury in	n Port I ar Part	II af item 18.)		
20c. TIME OF INJURY Month, Do Hour o. m. p. m.	While	INJURY OCCURRED  Not while ork at work		OF INJURY (Home, for , street, office bldg., e		or town)	(Count	y) (Sto
21. I certify that (I) (this ha saw the deceased alive an	spital) atten	1 1		630	M, fram			that (I) (we) lo
Jack Film	nun	when	M.D.	PHYS.	MED.	STAFF PHYS.	aj	22b. DATE SIGN
JACK SO	CHUMACHI	R, M. D.		GAITHER:	SBURG,	Mo.		,
23a. BURIAL, CREMATION, 23b. DATE 1 REMOVAL (Specify) Burial	THEREOF	23c. NAME OF CEM Brooke G				TON (City, town,		(State)
24 JUNERAL DIRECTOR'S SIGNATURE	1.	ADDRESS	Md -		C'D BY REGIST		SISTRAR'S SIGNA	

APU/TERNETAL LINES FOR STORY

VS A15 (4) 1SM 9/SB

MUABIL TO ELACTIVADO The Disk and the State of the S The latest of the second of th A Parlament of the Control of the Co The Agent Control of the State DECEMBER OF THE PROPERTY OF TH the high the control of the action of the first the first 64.55 T. V and the section and the section of t 선생님과 회에 가는 그들은 보다 전하는 사람은 사람들이 되었다. Burger of the term of the large of the THE STATE AND 

X		ENT OF HEALTH—BALTIMORE,	64709
8	4604 CERTIFICA	TE OF DEATH	Reg. Dist. No.
1.	PLACE OF DEATH g. COUNTY	USUAL RESIDENCE (Where deceased lived. If institute a. STATE	
7)	Montgomery	Virginia	
"	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write	RURAL and give nearest town)
-	Takoma Park 41 days	Axlination	83X-3
17/100	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARA
)/2/7	Jashington Sanitarium Hospital, Takoma Parkl	1415 N. Hudson St.	YES NO
3.	NAME OF DECEASED (Type or print) WILLIAM Henry	GALTE OF	onth Day Year 8 196
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE (In year) last birthday)	Months Days Hours M
	Male White WIDOWED   DIVORCED	10-11-88 71 yrs	1110113
10	u. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUN
100	minister De-treasurer of Contex	rente Penna.	u.s.a.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	William Jones (England)	Mary ? (un known to	Pt) (England)
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IN	FORMANT Ad	dress
1	no	ospital Records	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	- Carcina Store To	ONSET AND DEA
	153, 8 DUE TO Conditions, if any, which)	a f colon	101 m
	gave rise to immediate cause (o), stating the <u>under-</u>		C
z	lying cause last. ) (c)	NOT DELAYED TO THE TENHEL AND DISCLASS CONDITIONS	WELL IN DARK ALLEG
STION NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	TO TRELATED TO THE TERMINAL DISEASE CONDITION G	PERFORME
	200 ACCIDENT WAS LINDERLYING TO 20th DESCRIBE HOW INVITED OCCURREN	(February as injury in Park Las Park II of item 19.)	YES NO
L CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   420e. PLAI   Factor   420e. PLAI   540e. PLAI	CE OF INJURY (Home, farm, 20f. (City or town) ory, street, office bldg., etc.)	(County) (S
	21. I certify that I attended the deceased fram. 1950	), 19 , to APRIL 8, 1966	That I last saw the deced
1	alive an Apail 7, 1960, and that death	accurred at 1454_M, from the causes a	nd an the date stated ab
	2119/86	ADDRESS (Street, city or town	
	SIGNATURE M	I.D	
	PHYSICIAN'S Chas HWOLOHON	7600 Carroll	ave Takoma
22	BURIAL, CREMATION, 226. DATE THEREOF 229 NAME OF CEMETERY OR REMOVAL (Specify) APRIL 1/1960. WHOLE WORKER	GREMATORY 200 LOCATION (GJy, town,	county) (Stote)
23	FUNERAL DIRECTOR'S SIGNATURE 254 CANALL DE	11/1/	SISTRAR'S SIGNATURE

I so they is straight worky their straight in the

	funeral director,	old be filled with	メ
1	etely filled in by the	. Poges 1 and 2 shar	
	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	'2 hours ofter death.
	gned by the ottendin	permit. Then pleose	in any event within ,
offending physicion.	ertificate has been si	os the buriol-tronsit	ion, or removol, ond
moy be sined by the hospital or attending physician.	IRECTOR: After this c	d be detoched for use	he registror prior to buriol, cremotion, or removol, ond in any event within 72 hours ofter death.
noy b	FUNERAL D	poge 3 should	he registror p

VS A1S (4) 1SM 9/SB

1. PACE OF DEATH   MODIFY   MARYLAND   MARYLAND   MOTTH Carolina   B. COUNTY   B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   Bothesda   18 days   Ahoskie			ND STATE DEPA	FICA		60 cap	18 (-4) Reg. Dist. N	/1()
Bethesda  d. NAME OF DEATH SEX.  3. NAME OF DEATH OF STAY IN 1b OF STAY	_a. COUNTY	r	MARY	LAND			tian: Residence be	
Bethesda  d. NAME OF CENTRAL (If not in hospitol., give street oddress)  The Clinical Center, Bethesdall, Md.  3. NAME OF DEATH  (If not in hospitol., give street oddress)  The Clinical Center, Bethesdall, Md.  720 Everett Street  13. NAME OF DEATH  April 18 19  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED 18 19  5. SEX  Male  White WIDOWED DIVORCED September 21, 1938 21 yr.  Months Days Hours  Months Days Hours  100. USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  during most of working life, even if relired)  None  13. FATHER'S NAME  Hugh T. Jones  14. MOTHER'S MAIDEN NAME  Hugh T. Jones  15. WAS DECEASED FYRIN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  NO.  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  (b) Crystic fibrosis of the pancreas  DUE TO  Canditions, if any, which gave rise to immediate couse (a), stoling the under lying couse lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION For Injury in Part I or Part II of item 18.)  20. ACCIDENT WAS INDESTYING DEED TO HOSE FOR INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)  20. ACCIDENT WAS INDESTYING DEED TO HOSE FOR INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)  20. ACCIDENT WAS INDESTYING DEED TO HOSE FOR INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)  20. ACCIDENT WAS INDESTYING DEED TO WORK DISTONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS COURRED (Enter nature of injury in Part I or Part II of item 18.)  20. ACCIDENT WAS INDESTYING DEED TO WORK DISTONS CONTRIBUTIONS CONT	b. CITY OR TOWN	(If autside corporate limits, v	vrite c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If au	utside carporate limits, write	RURAL and give i	nearest town)
The Clinical Center, Bethesda 11, Md.  720 Everett Street  ON AFR TYSS  Niddle  Jones  April  April  18  19  5. SEX  6. COLOR OR RACE  William  Travis  September 21, 1938  21  yrs.  Month  Day  Yee  Month  Day  Yee  Month  Day  Yee  Jones  B. DATE OF BIRTH  September 21, 1938  21  yrs.  Month  Day  Yee  Month  Day  Yee  Month  Day  Yee  Jones  B. DATE OF BIRTH  September 21, 1938  Jones  B. DATE OF BIRTH  P. AGE (in year)  Is funder I year, If funder I year, I y		learest lawity	18 days		Ahoskie		7	0x-3
The Clinical Center, Bethesds 11, Md. 720 Everett Street    The Clinical Center, Bethesds 11, Md.   Towns   Lost	d. NAME OF HOSPI	TAL (If not in hospital, give	street oddress)		d. STREET ADDRESS			e. IS RESIDENC
See   Sex			ethesda 14, Mo	d.	720 Everet	t Street		YES NO
S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   10   NOTE   1938   15   11   15   Note	DECEASED					OF		-
Male   White   DIVORCED   DIVORCED   September 21, 1938 21 yrs.    100. USUAL OCCUPATION (Give kind of work dame of both kind of working life, even if refired)   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COLD    Student   None   North Caroling   U.S.A.    13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME     14. MOTHER'S MAIDEN NAME     14. MOTHER'S MAIDEN NAME     14. MOTHER'S MAIDEN NAME     14. MOTHER'S MAIDEN NAME     14. MOTHER'S MAIDEN NAME     14. MOTHER'S MAIDEN NAME     14. MOTHER'S MAIDEN NAME     14. MOTHER'S MAIDEN NAME     14. MOTHER'S MAIDEN NAME     14. MOTHER'S MAIDEN NAME     14. MOTHER'S MAIDEN NAME     14. MOTHER'S MAIDEN NAME     14. MOTHER'S MAIDEN NAME     14. MOTHER'S MAIDEN NAME     14. MOTHER'S MAIDEN NAME     14. MOTHER'S MAIDEN NAME     14. MOTHER'S MAIDEN NAME     14. MOTHER'S MAIDEN NAME     14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   14. MOTHE	5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIE	ED 🔀 B	. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YE	
100. USUAL OCCUPATION (Give kind of work dane)   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHATCOL STUDENT   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. AND THER'S NAME   16. SOCIAL SECURITY NO.   16. SOCIAL SECURITY NO.   238-61-5959	Male	White w	DOWED DIVORCE	D	September 21			s Haurs Mir
Student   None   North Carolina   U.S.A.     13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME     Hugh T. Jones   Alice Markham     15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   INFORMANT The Medical Record   Address     16. SOCIAL SECURITY NO.   238-61-5959   The Clinical Center, Bethesda 14, Maryland     18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]     PART I. DEATH WAS CAUSED BY:   Pulmonary emphysema and bronchiectasis   NIFERVAL BETW     19. Cause I immediate   Ouse (a), staining the under   Ouse To (b)   Cystic fibrosis   Ouse To (c)     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   19. WAS AU PERFORM YES OR CONTRIBUTING   CAUSE OF DEATH   OR CONTRIBUTING   CAUSE OF	10a. USUAL OCCUPATI	ON (Give kind of work dane	10b. KIND OF BUSINESS O	R INDUST			12. CITIZEN	OF WHAT COUNT
T3. FATHER'S NAME  Hugh T. Jones  S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 238-61-5959  The Clinical Center, Bethesda li, Maryl and Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.  PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED of work		king life, even if refired)	None		North Car	rolina	11	. S. A.
No (If yet, give wor or dates of service)  16. SOCIAL SECURITY NO.  238-61-5959  The Clinical Center, Bethesda 11, Maryl and (cl.)  PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Pulmonary emphysema and bronchiectasis  DUE TO Canditians, if ony, which gave rise to immediate couse (a), stoling the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PERFORM YES ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  201. I certify that I attended the deceased from March 31, 19.60, to April 18, 19.60 that I last saw the deceased from March 31, 19.60, to April 18, 19.60 that I last saw the deceased from March 31, 19.60, to April 18, 19.60 that I last saw the deceased from March 31, 19.60, to April 18, 19.60 that I last saw the deceased from March 31, 19.60, to April 18, 19.60 that I last saw the deceased from March 31, 19.60, to April 18, 19.60 that I last saw the deceased from March 31, 19.60, to April 18, 19.60 that I last saw the deceased from March 31, 19.60, to April 18, 19.60 that I last saw the deceased from March 31, 19.60, to April 18, 19.60 that I last saw the deceased from March 31, 19.60, to April 18, 19.60 that I last saw the deceased from March 31, 19.60, to April 18, 19.60 that I last saw the deceased from March 31, 19.60, to April 18, 19.60 that I last saw the deceased from March 31, 19.60, to April 18, 19.60 that I last saw the deceased from March 31, 19.60, to April 18, 19.60 that I last saw the deceased from March 31, 19.60 that I last saw the deceased from March 31, 19.60 that I last saw the deceased from March 31, 19.60 that I last saw the deceased from March 31, 19.60 that I last saw the deceased from March 31, 19.60 that I last saw the deceased from March 31, 19.60 that I last saw the deceased from March 31, 19.60 that I last saw the deceased from March 31, 19.60 that I last saw the		The Hart of						
No (If yet, give wor or dates of service)  16. SOCIAL SECURITY NO.  238-61-5959  The Clinical Center, Bethesda 11, Maryl and (cl.)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulmonary emphysema and bronchiectasis  DUE TO  Canditians, if any, which gave rise to immediate couse (a), stoling the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PERFORM YES TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Manth, Day, Year While at work at work at work at work at work at work.  21. I certify that I attended the deceased fram. March 31, 19.60, to April 18, 19.60 that I last saw the deceased fram. March 31, 19.60, to April 18, 19.60 that I last saw the deceased fram. March 31, 19.60, to April 18, 19.60 that I last saw the deceased fram. March 31, 19.60, to April 18, 19.60 that I last saw the deceased fram. March 31, 19.60, to April 18, 19.60 that I last saw the deceased fram.	Hugh T. Je	nes			Alice Mark	ch em		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]   19. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary emphysema and bronchiectasis   10 year	S. WAS DECEASED EV	ER IN U. S. ARMED FORCES		. IN			dress	
18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   Pulmonary emphysema and bronchiectasis   10 year		(If yes, give wor or dates at service		Th			de Il. M	amel and
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary emphysema and bronchiectasis  DUE TO  Canditians, if any, which gave rise to immediate couse (a), stating the under. If ying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CO	7	ATH [Enter only one cause			o ormitoar o	nest, besiest	11	NTERVAL BETWEEN
Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AU PERFORM YES PROPERTY OR CONTRIBUTING CONTRIBUTING COURSED (Enter nature of injury in Part I or Part II of item 18.)  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING COURSED (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While of work of work at				-	and bronchi	ectacic	0	NSET AND DEAT
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at work 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (Caunty)  21. I certify that I attended the deceased fram. March 31, 19.60, to 19.71, 18, 19.60 that I last saw the deceased fram.	gave rise to couse (a), stating lying cause last	the under-					VEN IN PART 1(a	PERFORMED?
21. I certify that I attended the deceased fram. March 31 , 19.60, to April 18 , 19.60 that I last saw the dec		G CAUSE OF DEATH	. DESCRIBE HOW INJURY OF	CCURRED.	. (Enter nature of injury in P	Part I or Part II of item 18.)		YES NO
	20c. TIME OF INJU Haur o. m. p. m.	10	While Not while	20e. PLAG	CE OF INJURY (Hame, form, ary, street, affice bldg., etc.	20f. (City or town)	(Caunt	ty) (Sto
ACTUAL SIGNATURE Secret J. Sergan M.D. The Clinical Center 4/1  PHYSICIAN'S GEORGE T. BRYAN, M. D. The National Institutes of Health  Bethesda 14, Maryland	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	eorge T. BRYA	19.60 , and that Bayan  N. M. D.	death M	The Clinic The Nation	M, from the causes at ADDRESS (Street, city or town cal Center nal Institutes	nd an the do	te stated abo DATE SIGN 4/18/
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Shipped out  22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, town, or county) (Stole)	REMOVAL (Specify			ETERY OR	CREMATORY			
Burial 1/18/60 Unknown   Elizabeth City, N. C.		4/7	8/60 Unknow	n	ah D C			
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wash, D. C 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  The S. H. Hines Co., 2901 14th St. N.W. DATE 21 360  Litture 1. House					N W			

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) rest town) INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF 4. DAY Middla DECEASED OR (Type or print) DEATH 19 lec 9. AGE (In years | IF UNDER 1 YEAR | last birthday) | Months | Days IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Days Months WIDOWED W 1Db. KIND OF BUSINESS OR INDUSTRY or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) pages FATHER'S NAME MAIDEN NAME ANMED FORCES? 16. SOCIAL SECURITY NO. Address Yas, no or unkown) (Ifyesgivawa grdatasofservica 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) gave rise to immadiata causa (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. V2Dd. INJURY OCCURRED 20e. PLAGE OF INJURY (Home, farm, 2Df. (City or town) facility, street, office bldg., etc.) 20c. TIME OF INJURY (State) While Not While al work at work prior OR: 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection ... Inquiry and in my opinion forwarded to L DIRECTC ated agent, p death resulted from: Natural causes Homicide Undetermined manner Accident Suicide K CHIEF MEDICAL EXAMINER [ se execute the should be form ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Typa) Address (Streat, city, town, or county) DAJE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATIONA 22b. 22d. LOGATION (City, town, or country) (Stata) D 40 FUNERAL DIRECTOR REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Onthing & Knows 5M 7/59

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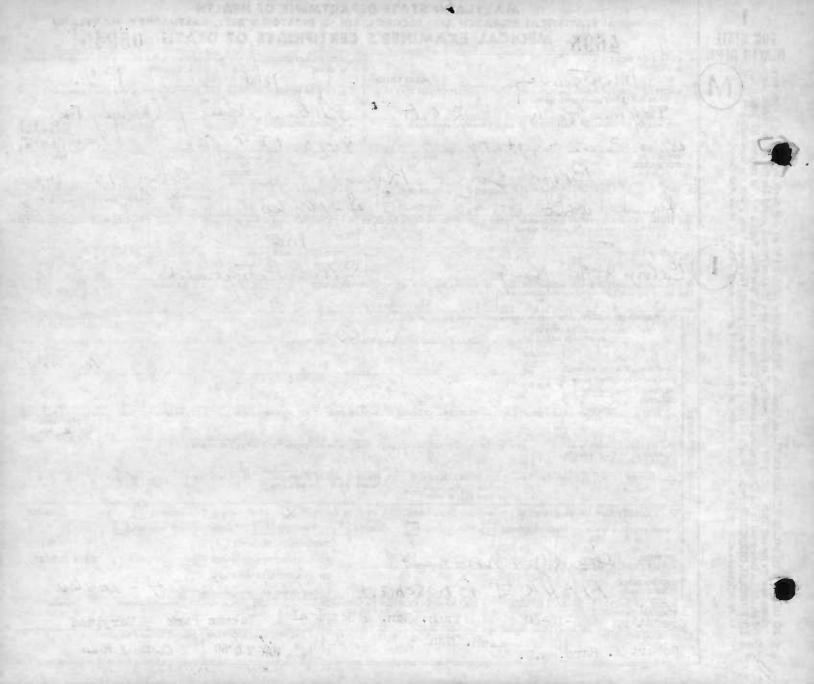
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY  Montgomer	V		MARYLAN		USUAL RESIDENCE ( O. STATE Virginia	Where deceose	b. COUNTY		A		ion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Norfolk  83X-3						
Bethesda	Al (If not in hospital o	rive street			d. STREET ADDRESS				0/1	IS PESI	IDENCE
OR INSTITUTION							100			ONA	FARM?
The Clini	cal Center	Bet	hesda lli, Mo		117 Sedger		ad			AE2	NO 🔀
3. NAME OF DECEASED	Fi	st	Middle		Last	4. DATE	Mor	nth	Day	Y	Year
(Type or print)	Debo	rah	Ann		Keller	OF DEATH	Apr:	il	24	. 1	19 60
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B.	DATE OF BIRTH		9. AGE (In years	IF UNDER			
Female	White	WIDOW	ED DIVORCED	N	ovember 22	. 1957	lost birthdoy) 2 yrs.		Days I	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR II				country)	12. CITIZ	ZEN OF W	/HAT C	OUNTRY?
Child	king life, even if retired	)	None		Virgi	nia		MILE	U.S.	A -	
13. FATHER'S NAME			110110		14. MOTHER'S MAIDE		C	100	0 110 6	44.0	
Consume III	V-33				Kate Wa	1 + 0 =					
George Wa		CES2 14	SOCIAL SECURITY NO.	INIE			T) 3 Add	ress			
	(It yes, give wor or dates of t		SOCIAL SECURITY NO.				Record Add			_ 00	
No			None	The	Clinical	Center	, Bethesd	a 14,	Mary	lan	d
Conditions, if a gove rise to i couse (o), stating lying couse lost.	mmediate the under-	) ) )	Radiatio Wilm's		Tumor				4 11		ths
20g. ACCIDENT WA			CONTRIBUTING TO DEATH		NY IN			VEN IN PAKI		PERFO	RMED?
20c. TIME OF INJUR Hour o. m. p. m.		While			E OF INJURY (Home, for y, street, office bldg.,	etc.)		100	ounty)		(Stote)
21. I certify the alive onAI	10 01	decease 19	sed from April 60 , and that de	8 eath o	ccurred at 6:3	OFM, from ADDRESS ( inical	24, 1960 the causes are Street, city or Iown, Center titutes o	and on the stote)	date s	toted	
PHYSICIAN'S NAME (Type)			LLON, M. D.			da ll,	Maryland		. 011		
PEMOVAL (Specify) Bur-Trans	it 4/27/		Forest L		Cemeter		rfolk.		nia	(Stote	e)
23. FUNERAL DIRECTOR			ADDRESS		24a. Ri	APR 26	TRAR 24b. REGI	istrar's sic	NATURE		

VS A15 (4) 15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY Page a. STATE b. COUNTY of director. Page for your files. MARYLAND b. CITY OR TOWN (if outside corporate limit write RURAL and give rearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE ON A FARM? NOK NAME OF Middle 4. DATE DECEASED OF DEATH (Type or print) with 5. SEX 6. COLOR OR B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED may 2 wit s 1, 2, and 3 age 5 may 1 and 2 will 72 hours Months WIDOWED DIVORCED IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Give Pages 1, 2, orm PM3. Page done during most of working life, even if retired) pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File form is certificate should be executed within ord "pending" in pencil in Item 18. Gal Examiner's Office along with form I be used as a buriel-transit permit. Fil WAS DECEASED YER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. | 17. INFORMAN (Yes, no, or unkown) I lifyes give weror detes of service 1B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO removal. 10 min Conditions, If any, which (b) gava rise to immediata cause DUE TO execute the certificate, writing the word "pending lid be forwarded to the Chief Medical Examiner' YERAL DIRECTOR: Page 3 should be used as designated agent, prior to burial, cremation, or re-(e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. age Suri MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, form, ! 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) (Stete) factory, streat, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion Suicide Undetermined manner death resulted from: Natural causes Accident Homicide CHIEF MEDICAL EXAMINER DATE SIGNED should be for FUNERAL DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) Wash. San. & Hospital 4-16-60 Takoma Park Cremation Q40 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Wash. VS. A15ME DATE MAY 2 0 '60 Robert A. Hare. M.D. Chilling S. Kraus 5M 7/59



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4791 CERTIFICATE OF DEATH 64713 Reg. Dist. No. 1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Marriand b. COUNTY Washington Washington Montgomery Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH-OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Bethesda,	Maryland		ble days		Hagerst	own				21	03	, 2
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET ADD	RESS	-				e. IS RES	DENCE
	al Center,	Beth	esda 14, Md	•	419 Sou	th I	Potoma	c Street				FARM?
3. NAME OF DECEASED (Type or print)	Jona:	st	Middle Calvin		Lost Knaub		4. DATE OF DEATH	Apri		Do 26		reor 1960
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	□ B.	DATE OF BIRTH			9. AGE (In years				R 24 HRS.
Male	White	WIDOWE			ugust 23	. 1	8911	last birthday)	Months	Days	Hours	Min.
during most of worl	ON (Give kind of work king life, even if retired		KIND OF BUSINESS OR			E (Stote	or foreign co		12. C		F WHAT	COUNTRY
3. FATHER'S NAME		1 4	ALLI OUG		14. MOTHER'S MA	-				0.	0. 1	
William Kr	anh											
5. WAS DECEASED EVE		CESS 14	COCIAL CECURITY NO.	17 10150	Ida Ga			2				
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)			PRMANTThe						6.01	
No			16-09-9405	The	Clinica	L Ce	enter,	Bethesd	a 14,	Man	ylar	nd
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		e for (o), (b), ond (c).	infe	rction					ONS	RVAL BET ET AND	DEATH
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Conditions, if o	mmediate		D) white at co	HILL U	I tile st	Onlac	NI.					
couse (o), stating			0	- 12								
lying couse lost.	) (c		Generalized									
PART II. OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	H BUT NO	OT RELATED TO TH	IE TERMI	NAL DISEASI	E CONDITION GIV	EN IN PA	RT 1(o) 11	PERFO	RMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED. (	Enter nature of in	jury in 1	Port I or Port	II of item 1B.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	20d. IN While of work	Not while	e. PLACE foctor	OF INJURY (Hony, street, office blo	ne, form dg., etc.	20f. (City	ar tawn)		(County)	7	(Stote)
21. I certify th	at Lattended the	decease	d from Februa	rv 2	3 1060	a Ai	pril 2	6 1060	that I	last sa	u the	dasaasa
alive an Apri		~ 10	60, and that d	anth a	8	. KK	0 44 6	Al .	.,IFIGI 1	iusi su	W IHE	deceased
dive dirage	7	7 12-	, and mar d	eam a	ccorred of 6			reet, city or town,		the dat		d abave
ACTUAL	Mull Cl	vio	G		mbo o				sidie)		1/27	
SIGNATURE	/000			M.D			ical C	enter tutes of	Tion T	+16	4/21	/00
PHYSICIAN'S NAME (Type)	Louis V	. Avi	oli, M.D.					aryland	neal	LUCI		
20. BURIAL, CREMATIO	N. 22b. DATE THEREC	F	22c. NAME OF CEMETE	RY OR C	REMATORY		22d. LOCAT	ION (City, town,	or county)		(Stote	)
REMOVAL (Specify)	4/30/190	50	Lincoln La	wn C	emetery			ersburg,		Pe		lvani
3. SUNERAL DIRECTOR	s signature er Funeral	Home	ADDRESS	262			D BY REGIST	RAR 24b. REGIS		GNATUR	E	
R. Firmhl	in kruer		Hagerstown	, Md	• DA	ATE MA	Y 2 '6	10 CI	rilun S	. That	ed.	

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VS A15 (4) 15M 10/57

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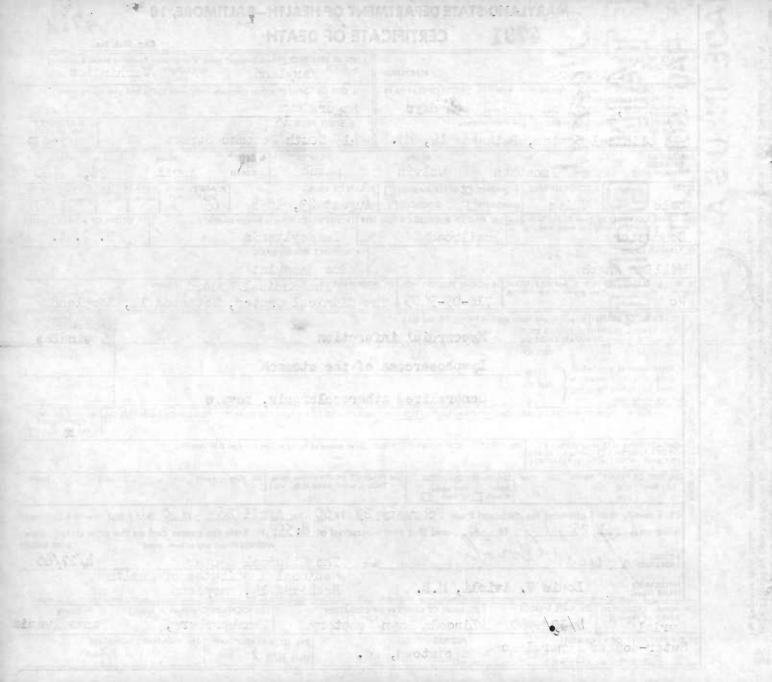
attending physician and campletely remave carbon papers. 2 house after death.

certificate has been signed by e as the burial-transit permit.

requires that the death certificate be

ATTENDING PHYSICIAN: The law

s after death. Page.



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	4719 CERTIFICATE OF DEATH  Reg. Dist. No.
Air .	PLACE OF DEATH o. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE ORIGIN b. COUNTY
1	b. CITY OR TOWN (If obtide corporate limits, write RURAL and give nearest town) RUBAL and give nearest town) KensingTow IMO. FORT Lauderdale
90	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Kens, N9Ton Gardens SAN.  1733 S.W. 5-4657.  VES   NOX
3.	NAME OF DECEASED (Type or print)  Name OF DECEASED (Type or print)  Name OF DECEASED (Type or print)  Name OF DEATH  A DATE Month Day Year OF DEATH  A DATE OF
S.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lost birthday)   Months   Days   Hours   Min.
10	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) house wife feetired)  house wife
13	LATHER'S NAME  WM. SINCE 11  14. MOTHER'S MAIDEN NAME  MARY PROCTORS
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT MRS. LORAINE GOOD 1733 - S.W. 5+N ST. NO. or unknown) (If yes, give wor or dates of service) NONE MRS. LORAINE GOOD FORT LAUDERDALE, F.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Carefral Horaun bases  IMMEDIATE CAUSE (o)
	Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  (b) Charles C
O PATION NOT A	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO F
CERTIFIE	20- ACCIDENT WAS UNDERLYING TO 20h DESCRIPE HOW BLUID OCCUPAND (Figure 1974) - Part II of them 18 )
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Not while of work of two work
	21. I certify that I attended the deceased fram. B
1	PHYSICIAN'S Donald Nelson, M.D.  NAME (Type)
22	BURIAL, CREMATION 22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or county)   (Stote)   PRINCE GEO COUNTY   HARYLL
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS WASH, D.C. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  14000 Funenal Home - 1300 N St. NIM DATEADR 7 '60 CITLUM & HALLA

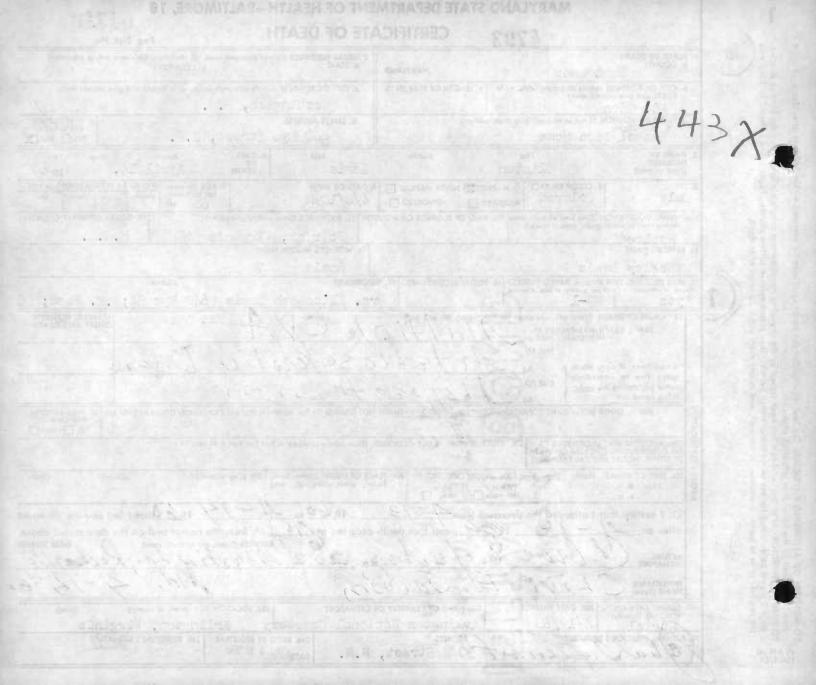
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CERTIFICATE OF DEATH 4792 Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Besidence before admission) o. COUNTY filed b. COUNTY MARYLAND uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If owtside corporate limits, write RURAL and give negrest town) RURAL opd give negrest town) P d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE by 12 YES NO 5 3. NAME OF Middle DATE Last Month filled OF DEATH DECEASED (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lest) bigt/hdoy) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Days Hours WIDOWED 1 DIVORCED | paper COM 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) foreign country) 12. CITIZEN OF WHAT COUNTRY? Tou sewrte au pup pan offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 9 COL UNKNOWN physicio mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT attending ease 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] à PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) DUE TO py Conditions, if ony, which gned gove rise to immediate DUE TO couse (o), stoting the underburial-transit lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? has YES INO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ certificate OR CONTRIBUTING | CAUSE OF DEATH 5 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while ot work ot work p. m. 190 Chat I last saw the deceased 21. I certify that I attended the deceased from alive an and that death accurred at\_ M, fram the causes and an the date stated above. DIRECTOR ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL shauld PHYSICIAN'S FUNERAL NAME (Type 3 22d. LOCATION (City, town, or coupty) 22g BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR EREMATORY page 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATUR ADDRESS 24g. REC'D BY REGISTRAR Orthur S. Kraus VS A15 (4) DATE APR 1 8 '60 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 4793 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY Montgomery MARYLAND Funerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Washington, D.C. Zion d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION
Russel Care Home ON A FARM? 640 Eye Street, S.E. YES NO T NAME OF First Middle 4. DATE Day Yeor OF DEATH Clinton Lewis April 14. 19 60 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Male Colored 4/8/1892 Days Hours WIDOWED T DIVORCED [ 68 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Fairfax, Virginia U.S.A. Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Susie Wesley Lewis remove hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) 72 Mrs. Elizabeth Lewis attending 640 Eye St; S.E. Wash; Ves 18. CAUSE OF DEATH [Enter only one couse per ling for (o), (b), and (c)/ INTERVAL BETWEEN ONSET AND DEATH a. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY I Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a. m. Not while of work of work p. m 21. I certify that I attended the deceased from: 19/2\_Sthat I last saw the deceased and that deoth occurred at M, fram the causes and on the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Arlington National Cemetery Burial Arlington, Virginia FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE PR 1 8 '60 H Street, N.E. VS A1S (4)



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY  C. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town)  C. STREET ADDRESS  C. STREET ADRESS  C. STREET ADDRESS  C. STREET ADDRES
AND  Algry land  Nortgomery  N 1b  C. CITY OR TOWN (If autside corporate limits, write RURAL and give hearest town)  245°   Ver Spring  d. STREET ADDRESS  Solid A Ne YES No E  Last  4. DATE  Month  Day Year
C. CITY OR TOWN (If autside carporate limits, write RURAL and give hearest town)  245; 1/27  d. STREET ADDRESS  6. IS RESIDENCE ON A FARM? YES NO Last  4. DATE  Month  Day Yeor
Ses Sice Ave ON A FARM? YES NO E  Lost 4. DATE Month Day Yeor
Ses Sice Ave ON A FARM? YES NO E  Lost 4. DATE Month Day Yeor
Lost 4. DATE Month Day Year
Last 4. DATE Month Day Year
OF
las howe DEATH 4 7 1960
9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HR   Iost birthdoy)   Months   Days   Hours   Min.
□ 8-24-84 .75 yrs.
INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
on Na Carolina U.S.
14. MOTHER'S MAIDEN NAME
Dora Louie
17. INFORMANT Address
Hoen Reports
INTERVAL BETWEEN
ONSET AND DEATH
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TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS
(OIC) (MU) + PINE)
CURRED. (Enter nature of injury in Part I or Part II of item 18.)
20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State
factory, street, affice bldg., etc.)
Dia 2 5/ Da 3 6
rom///ay 7. 1951. to Hpr 7, 1960, that (1) (we) lo
that death occurred at M, from the couses and on the date stated abov
ATTENDING & MED STAFF O SIGN
M.D. PHYS. DIRECTOR PHYS. 1 1960
22d. ADDRESS 20 Georga Keal
Silver Spring mel
TERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
N CEMETERY PRINCE GEO. COUNTY, MARYLAND
N CEMETERY   PRINCE GEO. COUNTY. MARYLAND
PRINCE GEO. COUNTY, MARYLAND  250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE

TO HOST OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 21 may be dined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 the State Board of Health prior to burial, cremotion, or removal, and in any event, within 72 hapr's after death. VR A1S (4) 15M 9/59

of in by the funeral director, I and 2 should be filed with

rs ofter deoth. Poge 4

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4667 CERTIFICATE OF DEATH

U4718

1. PLACE OF DEATH o. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where dece o. STATE MARYLAND	b. COUNTY MONT	GOMERY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  SILVER SPRING  c. LENGTH OF STAY IN 1b  4½ yrs .	c. CITY OR TOWN (If outside or 26 SILVER SPR		give nearest town)
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION 1606 EAST—WEST HIGHWAY	/d. STREET ADDRESS 1606 EAST—WES	T HIGHWAY	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ESTIME DOROTHY	Lost d. DA. OF DEA	11.1	Day Yeor 1960
S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  WIDOWED  DIVORCED	B. DATE OF BIRTH 7/28/1900	9. AGE (In years lost birthday)  59 yrs.	R 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired) vm. T. Reed Ins.	STRY 11. BIRTHPLACE (Stote or foreign Waterloo, Wisc		U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
AUGUST STRAUSS	ANNA DRAEGER		
AM	NFORMANT  . Howard L. Luste	Address ed, 1606 East-W	est Highway
Conditions, if any, which gove rise to immediate cause (a), stating the <u>under-lying couse lost.</u> (b)  DUE TO  DUE TO  (c)	7 (1000		3 wes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TNOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PA	ART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter noture of injury in Port I or	Part II of item 1B.}	
	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)	(City ar town)	(County) (State)
21. I certify that (I) (this haspital) attended the deceased fram saw the deceased abive and that a	death occurred at 3 P.M. fr		(c.e., that (I) (we) last the date stated above.
	M.D. ATTENDING MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGNED 4/15/60
22c. PHYSICIAN'S W.F. Kreuzburg	22d. ADDRESS 7852 16	I NW W	00-Q12 DC
30K1111		INCE GEO. COUNT	Y, MD.
24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  SILVER SPRIN	NG, MD. DATE DD 2 0		

moy be fined by the hospitol or ottending physicion.

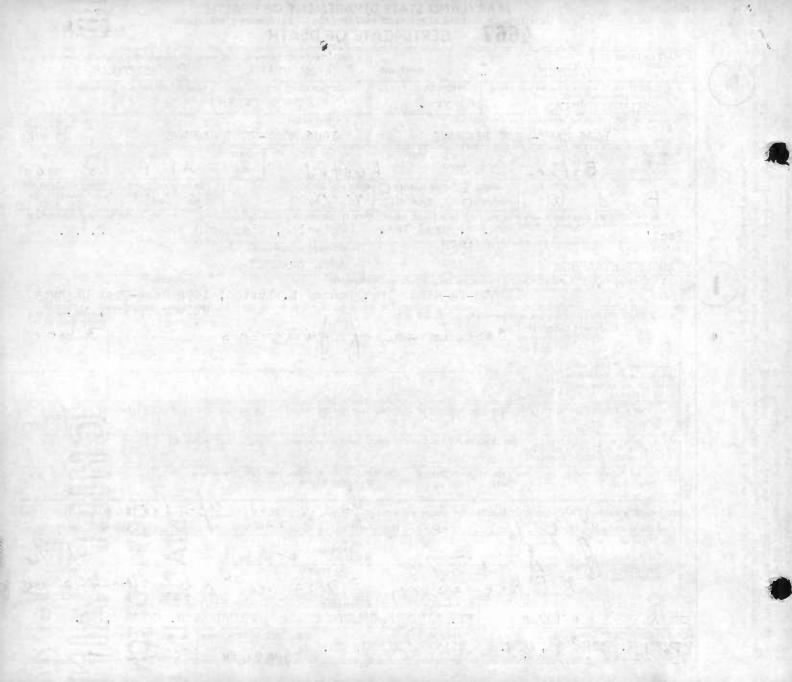
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director; page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to buriol, cremation, or removal, and in any event within 72 hours ofter death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2:

TO HOSP

VR A1S (4) 15M 9/59

irs ofter death. Poge 4



CERTIFICATE OF DEATH 4668 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Ped b. COUNTY MARYLAND omeru erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) pe RURAL and give nearest lown) Dring P d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO PT NAME OF First Middle 4. DATE Lost Month Yeor DECEASED TON (Type or print) DEATH TO 10/00 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX 8. DATE OF BIRTH lost birthdoy) Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 11.5. Machinist 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Daughter - Mrs. Anne Breen Same NON ES 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)\_ hrs. eriosclerotic cardiovascular Conditions, if any, which gave rise to immediate DUF TO cause (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES T NO T 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (County) (State) foctory, street, office bldg., etc.) Hour a. m. While Not while at work at work 21. I certify that I attended the deceased fram. Tan. 195 1960, that I last saw the deceased 19 40 , and that death occurred at A MAM, fram the causes and on the date stated above. DATE SIGNED Dã Simpson NAME (Type) / VI 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 4/8/60 ST. JOHN'S CEMETERY MASPATH, LONG ISLAND, N.Y. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SILVER SPRING, MD. VS A15 (4) DATESPR 7 arihur & Kraus 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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St. Joseph's Cemetery

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after death.

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Burial

24. FUNERAL DIRECTOR'S SIGNATURE

Robinson Funeral Home, Leonardtown, Md.

Maryland Morganza 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR

Orthug S. Hans

DATE APR 1 2 '60

1 THE TAX HE AREA chabbas mi . 2 2 comm Abarrer Congress in AND THE WALLES 

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FOR HEALT	ST	ATE DEPT.
MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any decision, please Transcriptions, withing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the standard in the man in the standard for your files.  WERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, I am	(	0.5
WE MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any decision, please certificate, writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the total director. Page used for worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be reformed for your files. VERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health	designated agent, prior to burial, cremation, or removal, and in any eventualing 72 hours after death.	
24 hours ofter dea sive Pages 1, 2, o form PM3. Page File pages 1 and	y green frithin 72	ī
executed within 2 all in them, 18. Gffice along with tronsit permit.	noval, and in am	
ficate showld be pending" in pence Examiner's Cursed as a buriol	cremation, or re-	
AINER: This certifing the word "the Chief Medicage 3 should be	rior to burial, c	2
certificate, write be farworded to	ignated ogent, p	7
FR	des	

5M 2/57

4795MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(4723
Reg. Dist. No.

							Keg, Dist	r. No.	
1. PLACE OF DEATH COUNTY Montgomery	,	A	ARYLAND	2. USUAL RESIDENCE (	Where deceased			ce before odn	
and give nearest town	f outside corporate limits, write RU (Rural)	c. LENGTH OF S		c. CITY OR TOWN (I		Dares Bes		give neorest to	tx 2
	al or institution (if no	st in haspital, give street a	ddress)	d. STREET ADDRESS	0000000	******		ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Grego	Midd ry Wayn		Lost MC GAUGHEY	4. DATE OF DEATH	Month Apri	1	Doy	Year 19 60
5. SEX Male		MARRIED NEVER MA	RRIED 🔀 B.				IFUNDER 19		DER 24 HRS.
10a. USUAL OCCUPATIO	ON (Give kind of work done on the life, even if retired)		OR INDUST	RY 11. BIRTHPLACE (Slote Illine				OF WHAT	COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
Malcolm V	Wayne McGaugh	еу		Emma Louis	se Fowl	er			
15. WAS DECEASED EV [Yes, no, or unknown] NO	ER IN U. S. ARMED FORCE (If yes, give war or dates of serving			spital Reco	rds	Address			
Conditions, if o gave rise to immed (o), stating the couse lost.	diote couse	Fracture		oma (Lt. pa				3 da	iys
PART II. OTH	HER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO D	DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART 1	(o) 19. WAS PERFO YES X	AUTOPSY DRMED? NO
200. EXTERNAL CAL PRIMARY 19 or COI CAUSE OF DEATH. 20c. TIME OF INJUI 1230' XX p. m.	fri	end picked 20d. INJURY OCCURRED	up ba	t & struck E OF INJURY (Home, form only, street, office bldg., etc.) nentary School	boy on	head	(Count	7)	(Slote)
	hat I taak charge at resulted fram: Nat			Ď 🗂	y X, Ins Homicide [	pection, , Undeter	Inquiry mined mo		nd in my
ACTUAL SIGNATURE	and for f	Brownhan	*	_M.D. CHIEF MEDICAL EX				DATE	SIGNED
EXAMINER'S NAME (Type)	HAMK J.	Brosch	2 117	DEPUTY MEDICAL				4-15-	-60
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	Ohr. 18.19	Broomes		CREMATORY L Cemetery	_	ON (City, town, or mes Isla		Md.	
23. FUNERAL DIRECTOR Harkness {	's signature & Sone Funera	ADDRESS	nce Fr	Ma.	D BY REGISTRA		RAR'S SIGN	AJURE	

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4797 CERTIFICATE OF DEATH

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	Nontgomer	у		MARYL	AND	2. USUAL RESIDENCE (WE O . STATE Virginia	nere decease		ion: Reside	nce befo	re odmissi	ion)
t	b. CITY OR TOWN (If	outside corporate limi	ts, write	c. LENGTH OF STAY II	V 1b	c. CITY OR TOWN (If o	outside corpo			give nec	arest town	)
	Bethesda	(Rural)		37 days		Arlington				83	X-3	
	d. NAME OF HOSPITA	AL (tf nat in haspital, g	ive street	address)	-410	d. STREET ADDRESS					e. IS RESI	FARM?
	U. S. Nava	al Hospital	1,			627 S. 29t	h Str	eet			YES 🗌	NO 🔀
	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Mai	nth	Do	ly \	reor
	(Type or print)	Geor	rge	Frederi	ck	MILLER	DEATH	Apı	cil	23	1	19 60
S. S	SEX	6. COLOR OR RACE	7. MARI	RIED 🔀 NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDE Months		IF UNDE	
1	Male	Caucasian	WIDOW	ED DIVORCED		8-3-99		60 yrs.	Months	Days	Hours	Min.
10a	. USUAL OCCUPATIO	N (Give kind af wark ong life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDU	STRY 11. BIRTHPLACE (State	ar fareign o	country)	12.CI	TIZEN O	WHATC	OUNTRY?
	Service l			Automotive		Mass.				U.S.	A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
1	George F. 1	MILLER		7		Sarah EDGE	RTON					
		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IP	NFORMANT		Add	Iress		-94	
1		1917-1919		62-01-2218	(W	) Mrs. Charlo	tte M	iller, sar	ne as	#2	above	9
	18. CAUSE OF DEAT	TH [Enter only one co	use per li	ne far (a), (b), and (c).]							ERVAL BE	
	PART I. DEAT	H WAS CAUSED BY:	, 1	neumonia						ON	SET AND	DEATH
	O'THE STATE	DUE TO	-			W-17 H-13						
	Conditions, if on	y, which ) (b	. (	larcinoma. h	ror	chogenic, wit	h met	astasis				
	gove rise to in	mediate (		02101111			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					-730
	couse (a), stoting t lying couse lost.	he <u>under-</u>										
Z	PART II. OTH			CONTRIBUTING TO DEA	TH_BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GE	VEN IN PA	RT 1(o)	9. WAS	AUTOPSY
CATION				PA IN HER LO							YES TO	RMED?
	20a. ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH	20bDES	CRIBE HOW INJURY OC	CURRE	D. (Enter nature of injury in	Part I ar Pa	rt II of item 18.)				-
CERTIF	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
MEDICAL		Month, Day, Ye	ar 20d. I	NJURY OCCURRED		ACE OF INJURY (Home, form		y or town)		(Caunty)		(State)
MEDI	Hour a.m. p.m.	19	While at wor	Nat while	ta	ctory, street, office bldg., etc	)	20				
-		/// Mahalasastas	W mtton	ded the deceased f		March 17	60 ta	April 2	3 10	60 11	ort /1\ /	XXX) last
	sour the decase	ed alive an Ap	ril 2	22 1060	Lat a	leath accurred at2:4	Sam	the sauce of	======================================	andate	ctated	abavo
	220. SIGNATURE	of alive dil			mai c	legin accorred di-	, M, Iram	the causes at	na an Ir	ie dale		DATE
		11111	118	DOL.			ED.	STAFF PHYS.		4-	23-6	SIGNED
	22c. PHYSICIAN'S	Croc c	,			22d. ADDRESS	INCCION (	11110.				
14	NAME (Type)	K. M. MOST	ER. I	T. MC. USNE		U. S. Nav	al Ho	spital.	Bethe	sda.	Md.	
230	BURIAL CREMATION	N, 23b. DATE THEREC		23c. NAME OF CEME				TION (City, tawn,			(Stat	e)
	REMOVAL (Specify) Burial	CR221	19/1	Arlingto			1	lington,			(Jidi	-1
_	FUNERAL DIRECTOR'S	SIGNATURE 2	197)	ADDRESS	, a. A		D BY REGIS		ISTRAR'S S	IGNATU	RE	
E	ve Markana	tly Funera	Hor	ne, Alexandr	ia.		R 26 '6		thun 8			
E	AEDTA-MHES	ory runct a	T HOT	me, Alexande	~ ,	DATE AP	H 20 C	o Co	may 9	. / Wall	Par .	

may be fined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremotian, or remaval, and in any event within 72 hours after death. TO HOSP

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ?

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4798 CERTIFICATE OF DEATH

8 (,4726) Reg. Dist. No.

1. PLACE OF DEA		MARYLANI	a STATE	Vhere deceased lived. If i	institution: Residence	e before admission)
	DWN (If autside carporate limits, wrigive nearest tawn)  da	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If	outside corporate limits,	write RURAL and gi	ive nearest town)
OR INSTITL	HOSPITAL (If not in hospital, give str ITION  inical Center, Be	met oddress)	d. STREET ADDRESS	son Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Jimmey	Middle (None)	Lost Mokelkie	4. DATE OF DEATH	Month April	Day Yeor 5 19 60
5. SEX Male		ARRIED NEVER MARRIED DIVORCED		9. AGE (In last birth	A Land	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCC during most Child	UPATION (Give kind of work done 1 of working life, even if retired)	06. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stor	te ar foreign cauntry)		EN OF WHAT COUNTRY?
13. FATHER'S NA.  John M	ME O <b>kelkie</b>		14. MOTHER'S MAIDEN Thelma Ma			
)5. WAS DECEAS		None	The Clinical Co			Maryland
gove rise cause (a), s lying cause	DUE TO s, if any, which ta immediate tating the under-	eritonitis liopathic hyper	catabolic hype		DN GIVEN IN PART	1 week  2 6 years  1(a) 19. WAS AUTOPSY PERFORMED? YES NO
-	INJURY Manth, Day, Year 20, m.	DESCRIBE HOW INJURY OCCUP  1. INJURY OCCURRED 20e.  1. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, for factory, street, affice bldg., e	rm, 20f. (City ar tawn)		ounty) (State)
	ify that I attended the dece April 5, 19	e o cu	oth accurred at 6:35	AM, from the caus ADDRESS (Street, city of cal Center Institutes of	es and an the r tawn, stote)  of Health	t saw the deceased date stated abave. DATE SIGNED 4/5/60
23. FUNERAL DIR	ELECTOR'S SIGNATURE	ADDRESS  400 Chafin S	24a. REC	22d. LOCATION (City, WNPEC C'D BY REGISTRAR 24b	MANITOB D. REGISTRAR'S SIGN	

# 4790 CHIERCATE CHIERTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 479 CMEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution, Residence before edmission HEALTH DEPT. 1. PLACE OF DEATH e. COUNTY director. Page or your files. b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limit c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURAL and give neglest town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR STREET ADDR e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH 19 (00) ornengsla with 5. SEX IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (If Foors | IF UNDER 1 YEAR | may 2 wil last birthdey) Months WIDOWED . DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) Montg. County Roads 13. FATHER'S NAME William Morningstar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Sarah Buckey Address Kensington, Md (Yes, no, or unkown) | (If yes give wer or deles of service) Archie Morningstar, 10107 Manakee St, None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: day IMMEDIATE CAUSE (a) Office DUE TO pinous Condillons, if eny, which geve rise to immediate ceuse (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, Month, Dey, Yeer 20f. (City or town) (County) (Slete) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work Ascule the conversed to a strong of a DIRECTOR. Part, prior Inquiry X and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Bhoschart Pinous Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) Beallsville, Md April 4-60 Monocacy 940 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE . Stilton Barnesville MADATAPR 5 VS. A15ME Onther S. Frank 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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urs after death. Page 4. ely filled in by the funeral director, Pages 1 and 2 should be filed with TO HOSP/TY, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 20, may be and by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A1S (4) 1SM 9/55

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04728

4716 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH G. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Maryland Maryland Montgomery						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Gaithersburg	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Derwood						
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Rest Haven Nursing Home	d. STREET ADDRESS Route #1, Box 25  e. IS RESIDENCE ON A FARM? YES NO NO						
3. NAME OF First Middle DECEASED (Type or print) Richard Marron (Les	Last 4. DATE Month Day Year OF Slie) MULLICAN DEATH April 7 19 60						
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  White WIDOWED DIVORCED							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired-Navy Yard U.S. Govt.  13. FATHER'S NAME							
Archibald Mullican	Mary Minnis						
(Yes, no, ar unknown) 1 (If yes, give war or dates of service)	Mrs. Orra P. Mullican Same Item #2						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the under- lying couse lost.  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)  DUE TO  Conditions, if any, which gave rise to immediate (b)  DUE TO  (c)  HYPER-HENSIVE	TAILURE SYEARS ANTERIO X LENSTE / Jems Don's INTERIO						
CATIC	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO						
	RED. (Enter nature of injury in Part I or Part II of item 1B.)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m.  p. m. 19 While Not while at work at work at work	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)						
alive an APRIL 7, 19,60, and that deal actual signature Physician's NAME (Type) Gordon S. Rosenberger  22a. BURIAL CREMATION   22b. DATE THEREOF   22c. NAME OF CEMETERY	th occurred at 2'50 P. M. fram the causes and an the date stated above  ADDRESS (Street, city or lown, state)  M.D. 310 W. MONTY GMCAY BYC 14/1/64  OR CREMATORY  22d. LOCATION (City, town, or county)  (Stote)						
Burial Apr. 9, 1960 Forest Oak							
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  Robert A. Pumphrey - Bethesda, Ma	aryland DATE APR 1 1 00 246. REGISTRAR'S AIGHATURE.						

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TO HOSP TO OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Jurs after death. Page 4	may be completely the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.
0 1	AL D	hauld	Boar
950	00	1/2	(D)
	NE JNE	e 3	Stat

VR A15 (4) 1SM 9/S9

1

	1. PLACE OF DEATH o. COUNTY  MONTGOME	RY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND MONTGOMERY							
				OF STAY IN 16						own)	
2	OLNEY  d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION			MONROVIA  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?							
F	MONTGOMERY C		AL HOSPIT	AL	R. F. D.						ПиоП
	3. NAME OF DECEASED (Type or print)	WILLIAM	S	Middle HERMAN	MULLIN		OF DEATH	Mon	th RIL	Doy	Yeor 19 60
ı	S. SEX		MARRIED NEV		B. DATE OF BIRTH		9. AG	E (In years		YEAR IF U	NDER 24 HRS
	MALE		IDOWED 🔀	DIVORCED	2/9/68			birthdoy)	Months D	ays Ho	urs Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Stone Mason				USTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY  MARYLAND  U.S.A.						
	13. FATHER'S NAME				14. MOTHER'S		E				
-	WILLIA	M T. S. MUL	LINIX		Ma	ry E.	Davis				
1	15. WAS DECEASED EVER	IN U. S. ARMED FORCES		URITY NO. 17. IN	FORMANT			Adde	ress	AL S	
-	No	H [Enter only one couse	\$100 \$100 MIN		HOSPITAL	RECOR	os, c	LNEY,	MARYL	AND	
	Conditions, if on gove rise to im couse (o), stoting It lying couse lost.  PART II. OTHE DIVERTICAL	mediate DNF TO (c)_ R SIGNIFICANT CONDIT  WM OP 650	A SOOUHEL	DUODEN	UM SE	VILE PS	SYCHIC C	HANG G	(EN IN PART I	(o) 19. W	AS AUTOPSY RFORMED?
	OR CONTRIBUTING   CAUSE OF DEATH   CIFE EITHER, NOTIFY MEDICAL EXAMINER)										
	YOUR OF INJURY Hour o. m. p. m.	Month, Doy, Year	20d. INJURY OCCU While Not who of work of work	nile foo	ACE OF INJURY (History, street, office		20f. (City or to	wn)	(Co	unty)	(Stote
	saw the decease 220. SIGNATURE	(1) (this haspital) of alive an g	nitended the de ni 12 19 6	ond that d	M.D. ATTENDING	MED.	, from the				l) (we) las ted abave 22b. DATE SIGNET
	22c. PHYSICIAN'S NAME (Type)	G.F. MEA	DORS, N	10.	22d. ADDRE		gsous,	MD.			,
	23a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	4/14/60	Bet		r CREMATORY	230	Brow	nings	ville	Mo	(Stote)
1	24. SUNERAL DIRECTOR'S	SIGNATURE CESUT	th Dan	mascus,	Md.	25a. REC'D B	1 8 '60		STRAR'S SIGN		

PRAID TO TRAVERSE !! HIME Contract Street a second A AT . THE RESERVE OF THE PARTY THE RESERVE OF THE PARTY OF MANAGER AND STREET, ST to their agency reconcerns. Surencourse? Shipthe first terminal and the second of the sec AND THE RESIDENCE OF THE PARTY OF THE PARTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

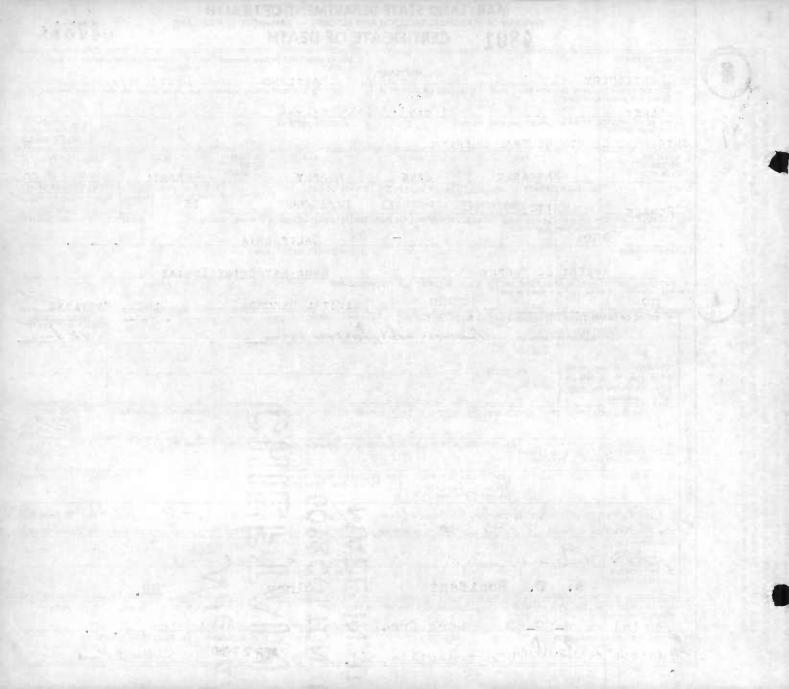
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VR A1S (4) 15M 9/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4801 CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY			MARYLA		USUAL RESIDENCE (V		b. COUNTY			e admissio	on)
b. CITY OR TOWN (If RURAL ond give ne	outside corporate limi	ts, write	c. LENGTH OF STAY IN	l 1b	c. CITY OR TOWN (IF			URAL ond		rest town)	
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	jive street	oddress)		ASHTON d. STREET ADDRESS				•	e. IS RESIL	FARM?
TONTGOMERY C	OUNTY GENE	RAL	HOSPITAL							YES	NO 🙀
3. NAME OF DECEASED (Type or print)	MARGA		Middle JANE		Lost MURPH <b>Y</b>	4. DATE OF DEATH	APRI		Day 2		9 60
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		12/26/44		9. AGE (In years lost birthdoy) 15 yrs.	Months	Days Days	Hours	Min.
10a. USUAL OCCUPATIO during most of work NO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	/ /			12.CIT	IZEN OF	WHATCO	DUNTRY
13. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME					
R	OBERT E. M	URPH	Y			THERINE	TOBIAS				
	R IN U. S. ARMED FOR If yes, give wor or dales of s	CES? 16.		17. INFOR	MANT		Add	ress			
no			none	Ho	SPITAL REC	ORDS	01	NEY,	MAR	YLAND	)
Conditions, if or gove rise to in couse (o), stoting I lying couse lost.  PART II. OTH	the under: DUE TO	)	CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TER	MINAL DISEASE	E CONDITION GIV	/EN IN PAI	RT 1(o) 11	PERFOR	RMED?
20g. ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCC	CURRED. (E	nter noture of injury in	in Port I or Port	II of item 1B.)			YES 📴	NO [
20c, TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Yes	ar 20d. While of wo	Not while		OF INJURY (Home, fa street, office bldg., e		or town)	(	(County)		(Stote
21. I certify tha saw the deceas 220. SIGNATURE	11	) atten	ded the deceased fr		h occurred ot	9 le 4 .to	the causes an				above .DATE
22c. PHYSICIAN'S	Ry	7	7	M.D.		MED. DIRECTOR	STAFF PHYS.				SIGNE
NAME (Type)	A. D.	Во	nifant		Olne	У	<u> </u>	Ad.			
23a. BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE THEREC	_	Rock Cre	1000	ematory a		RION (City, town,		C	(Stote	)
24. FUNERAL DIRECTOR'S	S SIGNATURE	ח ד	ADDRESS vtonsville	14.2		C'D BY REGIST	0	STRAR'S SI			



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

ors ofter death. Page 4

franco director

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TO HOSP

Moy be fined by the haspital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 she the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs ofter death.

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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	200	CERTIFI	CAIL	OF DE	AIII						
o. COUNTY Montge	omery	MARYL	AND 2.	usual reside	NCE (Wh	ere decease	d lived. If instit		ence befor	e admiss	ion)
b. CITY OR TOWN RURAL ond give	(If outside corporate limits, wri	c. LENGTH OF STAY IN	V 16	c. CITY OR TO	WN (If o	utside carpo	rote limits, write	e RURAL and	give near	rest town	1 -
Bethe	7 / 5 7 1	29 days		Wash	ingto	on, D.	C.		4	7X -	3
OR INSTITUTION		reet oddress)		d. STREET ADI		cm M	T.T A sub-	421		ON A	FARM?
	Naval Hospital			5611	oun	ST. N					
3. NAME OF DECEASED	First	Middle	3707	Lost	7	4. DATE OF DEATH		Nonth	Day		Yeor
(Type or print)	John	Eric		RDENSON	Jr.	DEATH	A	ril	R I YEAR		1960
5. SEX		MARRIED NEVER MARRIED	180	ATE OF BIRTH			9. AGE (In year lost birthdo)			Hours	Min.
Male	Caucasian WID			L-7-60		11.00		rs. 3	17		
during most of w	TION (Give kind of work done orking life, even if retired)	10b. KIND OF BUSINESS OR	INDUSTRY				ountry)		TIZEN OF	WHATC	OUNTRY
pa pa		pm mm		Ma	rylar	nd			USA		
3. FATHER'S NAME			1	4. MOTHER'S N	AAIDEN N	IAME					
John E	ric NORDENSON S	Sr.		Hile	da Sì	YODDY					
5. WAS DECEASEDE	VER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFOI	RMANT			- I	ddress		333	20
(Tes, no, or unknown)	(If yes, give war or dates of service)			Hospita	l rec	cords					
IIB. CAUSE OF D	EATH [Enter only one couse p	er line for (o), (b), and (c), ]								RVAL BE	
	EATH WAS CAUSED BY:	+	.11	121	- 10				ONS	ET AND	DEATH
571	IMMEDIATE CAUSE (o)	rast folice stra	0-1 17	MICHA	age						
211.	DUE TO	e. 1 _ 1 1 _ 1	A 2	1 1	1,						
Conditions, if		ValueThition	4/1/c	100304	pliet						
gove rise to couse (o), stotin		- 41	. ,	2 1 / 1	,						
lying couse los		ecuthen like	sistan	t) diah	Hico						
PART II. C	THER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO T	THE TERMI	NAL DISEAS	E CONDITION	GIVEN IN PA	ART 1(o) 19	PERFO	AUTOPS)
PART II. C	WAS UNDERLYING 20b. NG CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OC	CURRED. (	inter noture of	injury in I	Port 1 or Por	rt II of item 18.)				
_	. W	Od. INJURY OCCURRED  (hile Not while work of work	20e. PLACE foctory	OF INJURY (He , street, office b	ome, farm bldg., etc.	20f. (City	y or town)		(County)		(Stote
			2	6 March	100	60 2	24 Apri	1 10	60, th	- A / 11\ A	
	hat (I) (this despite) attased alive an 24 Ap	17 /0	rom& that dea	h accurred	a4:4						
220. SIGNATURE	2/1/1/10	Africa .	M.D	ATTENDING PHYS.	X MI	ED. RECTOR	STAFF PHYS.		1	+-25	SIGNE
22c. PHYSICIAN'S NAME (Type	1	LT MC USN		22d. ADDRES		Naval	Hospita	al, Be	these	la, l	Md.
23a. BURIAL, CREMAT		23c. NAME OF CEME	TERY OR C	REMATORY		23d. LOCA	TION (City, low	n, or caunty	)	(Stol	le)
Burial (Speci	fy) 4-27-60	Overby F	amily	Cemete	rv	So.	Boston		Vir	gini	a
24. FUNERAL DIRECTO	- 1 No 1	ADDRESS			25a. REC'	D BY REGIS	TRAR 25b R	EGISTRAR'S			
	144 - 2000		Ta .			APR 26	'60	arthur			
Money & K	ing Funeral Ho	me, Vienna, V	a.		DATE				20, 100		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH matian, Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY Montgomerv MARYLAND Maryland Montgomery b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Bethesda Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Resmor Sanitarium & Hospital 7806 Maple Ridge Road NAME OF Middle 4. DATE Lost Manth DECEASED (Type or print) WILLIAM DEATH J. NORFLEET April 5. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER TYEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Male White WIDOWED [7] DIVORCED | 20. 1885 74 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most af working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Accountant Accounting Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges William C. Norfleet Florence Flournov 5 age 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT File No Unknown Carrie M. Norfleet-Wife-same as 2d 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Cardiac failure IMMEDIATE CAUSE (o) DUE TO Cerebral vascular thrombosis Canditions, if any, which gove rise to immediate cause DUE TO (a), slating the underlying Generalized areteo sclerosis cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Fracture of rt. humerus & rt. femur on 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) Fell at home 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month Pay, Year factory, street, office bldg., etc.) Not while 19 6Q of work at work Home Bethesda March Montg. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection 7 Inquiry A and find that to the Chief DIRECTOR: death resulted from: Natural causes P., Accident P., Suicide N., Homicide N., Undetermined couse N. ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ,5 april ASSISTANT MEDICAL EXAMINER **EXAMINER'S** John G. Ball DEPUTY MEDICAL EXAMINER NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

Bethesda, Maryland

Hollywood Cemetery

VS. A15ME(5) 5M 9/55

0

22a. BURIAL CREMATION, 22b. DATE THEREOF

4/19/60

Pumphrev

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Burial

ADR 1 9 '60

240. REC'D BY REGISTRAR

22d. LOCATION (City, tawn, or county)

Richmond.

arthur & Kraus

24b. REGISTRAR'S SIGNATURE

(County)

e. IS RESIDENCE ON A FARM?

YES NO F

Year

Hours

INTERVAL BETWEEN

ONSET AND DEATH

8 hrs.

36 hours

10 years

YES |

PERFORMED?

NO D

(Slote)

Md.

19 60

Min.

Day

14

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		amening for the same	1
			2
	Section of the last		
	Parent Stuffer Spring		
NOW THE RESERVE OF THE PERSON			
	193		
District Control of the Control of t	WITCH THE TAXABLE PRO		
State of the State			
		Applied Publish Time Company of the	
		in a so treat	

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	441	3								
1. PLACE OF DEATH o. COUNTY			MARYL		USUAL RESIDENCE (Wh	ere decease	d lived. If institution b. COUNTY			nission)
	ontgomery  f outside corporate limits	weite	c. LENGTH OF STAY IN		c. CITY OR TOWN (If o	. A. Sala		Montgo		awin l
RURAL ond give no		, wille	C. LENGTH OF STAT IN	4 10	E. CITT OK IOWN (IF 6	urside corpo	profe filmits, write k	OKAL BING BIN	e neuresi io	will
Chevy Cha					Chevy Chasi	2				
d. NAME OF HOSPIT	AL (If not in haspital, given	ve street	address)	1	d. STREET ADDRESS				e. IS R	RESIDENCE
4600 Dors	et. Ave.				4600 Dorse	t Ave			YES	□ NO □
3. NAME OF	First		Middle		Last	4. DATE	Man	ıth	Day	Year
(Type or print)	ROS			T.	O' CONNOR	OF DEATH	Apr		24,	1960
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. 0	ATE OF BIRTH		9. AGE (In years	IF UNDER 1	_	
female	white	WIDOW	DIVORCED		uly 13, 188°	7	72 yrs.	Months D	ays Hour	rs Min.
10a. USUAL OCCUPATION	ON (Give kind of work do	one 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	or foreign o	ountry)	12.CITIZE	N OF WHA	T COUNTRY
Homemaker	, , , , , , , , , , , , , , , , , , , ,	at	home		Md.					
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	IAME				
George W.	Harria				Down	D M.	rsden			
	R IN U. S. ARMED FORCE	CC2 114	SOCIAL SECURITY NO.	17. INFO		F. Pla	Add			
	(If yes, give wor or dates of ser		SOCIAL SECURITY NO.							
no				Mr	s. Dora G. (	J' Conr	10r-4600	Dorset	Ave.	
18. CAUSE OF DEA	TH [Enter only one cou	se per lin	ne for (a), (b), and (c).]				= -		INTERVAL	BETWEEN
PART I. DEA	TH WAS CAUSED BY:	0	FOFRRAI	~	-HROMBE	2120			ONSET AN	HA
	DUE TO		- Mary Marie		11 KVIIIV	ــــــــــــــــــــــــــــــــــــــ				1.1
6 6.5		Ap	TERMSCL	EPN	ac G	ENEK	11		-	VAC
Conditions, if o		/115	TIER OS LL	EL US	173 4	: NEK	1-C		3	1167
couse (o), stating									330	
lying couse lost.	) (c).									
PART II. OTH	IER SIGNIFICANT COND	ITIONS C	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART 1	(o) 19. WA	AS AUTOPSY
E COR	ON ARY	HE	ELRY D	ICE.	4512	3 V	PC.			NO N
PART II. OTH  COR  20g. ACCIDENT ING  OR CONTRIBUTING  (IF EITHER, NOTIFY	S UNDERLYING []	20b. DES	CRIBE HOW INJURY OC	CURRED. (	Enter noture of injury in	Part I or Poi	t II of item 18.)			
OR CONTRIBUTING	MEDICAL EXAMINER)									
		T		0 01.00	05 11 11 10 11	Took you				40
20c, TIME OF INJUR Haur o. m.	Y Month, Day, Year	r 20d. II While	NJURY OCCURRED 2 Not while		OF INJURY (Home, form r, street, affice bldg., etc.		y or town)	(Cai	unty)	(Stote)
₩ p. m.	19	ot wor								
21 1 cartify the	et (1) (this hospital)	attend	led the deceased f	ram	1956 40	ta _	APRIL	2,41960	that (I'	) (am) las
saw the decease	Anu		1/ /		th accurred at 20	,				
220. SIGNATURE	ed dilve dn 71		and I	nat dea	in accurred divP	M, Tram	the causes ar	an the c		22b. DATE
220. SIGNATURE	Kon M	(	1 Time		ATTENDING MI	D	STAFF PHYS.	11	211	SIGNED
V.	The In	, ,	urus	M.D	T-	RECTOR [	PHYS.	4	-47	60
22c. PHYSICIAN'S NAME (Type)	I co MA		a		22d. ADDRESS			n.	45	4.4
	PEO M		CURTIS		18518 M	SCON	SIN AVE	E. DET	HESD.	A. MI
23a. BURIAL, CREMATIC	N, 23b. DATE THEREOI	F	23c. NAME OF CEMET	ERY OR C			TION (City, tawn,	ar county)	(5	itate)
REMOVAL (Specify)	1./27/60		Tanday D			D-74	. Ma		7-1-1	
Burial 24. FUNERAL DIRECTOR	SIGNIFICATION OF		Loudon Pa	ark C	250 PEC'	Bali		STRAR'S SIGN	JATURE	
24. THERAL DIRECTOR	Tall In	122	Y NORESS	Bal	010	APR 2		Cirthun 2		
Mu.	· Just	res	1 your -	1400	DATE			2	a, runny	1
(1				1	runk				- 194	+211-5

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	44.0	114	OEIXIII	IOA	L OI DEATH					
1. PLACE OF DEATH 0. COUNTY MONT GOME			MAR	YLAND	2. USUAL RESIDENCE (Who o. STATE DISTRICT O		b. COUNTY	n: Residenc	e before od	Imission)
b. CITY OR TOWN (If RURAL and give new		nits, write	c. LENGTH OF STAY	(IN 1b	c. CITY OR TOWN (If o		imits, write RL	RAL ond g	ive nearest	town)
d. NAME OF HOSPITA	AL (If not in hospital,	give street	2 DAYS		d. STREET ADDRESS		NGSTON	C- C	e. IS	RESIDENCE
OR INSTITUTION MONTGOMERY	COUNTY GE	FNEDA	HOSPITAL	. INC	LIVINGSTON					S NO S
3. NAME OF		irst	Middle		Last	4. DATE	Mont		Day	Year
(Type or print)		LARA		1	O'GORMAN	OF DEATH	APE		5	19 60
5. SEX	6. COLOR OR RACE	1	HED NEVER MARR	IED 🗆 B	. DATE OF BIRTH	9. A	GE (In years		YEAR IF U	INDER 24 HR
FEMALE	WHITE	WIDOWI	14 <u>5</u> 11 11 11 11 11 11 11 11 11 11 11 11 11		11/4/86	73	st birthday)	Months	Days Ho	ours Min.
10a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUST	TRY 11. BIRTHPLACE (Stote	or foreign country	<b>'</b> )	12. CITIZ	ZEN OF WH	IAT COUNTRY
HOMEMAKER		,	OWN HOME		NEW YORK			UN	LITED	STATES
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
PAUL	SCHERBNER				unknown					
15. WAS DECEASED EVER			SOCIAL SECURITY NO	O. 17. INI	FORMANT		Addr	ess		
no	ir yes, give war or bares or	service)	none	н	OSPITAL RECOR	200	Q.	DY. M	In.	
	TH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE (		ne for (o), (b), and (c)	4000	dial Infa	rtim				AND DEATH
Conditions, if on gove rise to in cause (o), stating t	nmediate (	b)(	Loronary	'Ah	terioscleros	is			12	yrs.
lying couse lost.	ER SIGNIEICANT COI	holitions of	contributing to di	· In	NOT RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIV	EN IN PART	PE	VAS AUTOPS' ERFORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	11	CRIBE HOW INJURY (	OCCURRED	. (Enter nature of injury in I	Port I or Port II of	Fitem 1B.)			
20c. TIME OF INJURY Hour a.m. p. m.	Y Manth, Doy, Yo	ear 20d. II While at wor			CE OF INJURY (Home, form ory, street, office bldg., etc.		own)	(C	County)	(State
saw the decea	HI	al) ditend	led the deceased		eath occurred at 435	M, from the	causes and	19(c)		(I) (we) lo
22o. SIGNATURE	had a	. Vá	ter	N			TAFF HYS.	4	16/6	22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	RICHARD A.	YATE	s, M. D.		22d. ADDRESS	LNEY, MA	ARYLAND	)		
23a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	N, 23b. DATE THERE	OF	GATE OF	HEAVE		23d. LOCATION MONTG	(City, town, o			(Stote) RYLAND
24. FUNERAL DIRECTOR'S	SIGNATURE	Maria	ADDRESS	n = ~ 110	3.673	D BY REGISTRAR		TRAR'S SIC		
Mariem Eur	TUNGHPEY'S	KNS:	SILVER S	PRING	, MD.	PR 1 9 '60	Cl	ethun S.	though	

urs ofter death. Page 4 TO HOST OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 are death. Page 4 may be fined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be file with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/59

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VS A15 (4) 15M 9/5B

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

LANS CERTIFICATE OF DEATH

Reg. Dist. No.

		Mal-									
1. PLACE OF DEATH o. COUNTY	Montgomery		MARYLAND	g. STATE	ence (Wh		lived. If institution b. COUNTY		tgome		in)
b. CITY OR TOWN ( RURAL ond give n Bethesda	If outside corporate limi earest town)	its, write	c. LENGTH OF STAY IN 16	257		chase	ote limits, write R	URAL and	give neare	st town)	
OR INSTITUTION	TAL (If not in hospital, g		nesdall, Md.	d. STREET A		rubb 1	Road	18		IS RESID	FARM?
3. NAME OF DECEASED (Type or print)	Fir Mer	cedes	Middle (None)	Olme		4. DATE OF DEATH	Mon Apr		Doy 14		eor 9 60
5. SEX Female	6. COLOR OR RACE White	7. MARR	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH		-	9. AGE (In years last birthday) 42 yrs.	IF UNDER Months			
10a. USUAL OCCUPATION during most of working has been seen to be the seen of t	ON (Give kind of work king life, even if retired	)	kind of business or ind None		ingtor	1, D.C			S.A.		UNTRY?
Planos Dra	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.		Lce Da		Record Add	ress			
No	(If yes, give war or dates of s	5		The Clinic					-		
	immediate (	He My	patic insufficelophthisis a	nemia	with	metast	easis to		mo)	AND D Week	BEATH S
lying cause lost.  PART II. OTI	HER SIGNIFICANT CON	DITIONS C	ver, marrow, CONTRIBUTING TO DEATH BU	pleura, lu	ngs a	nd 1yn	ph nodes		RT 1(a) 19.	WAS AL PERFORMES TO	UTOPSY MED?
OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUE  Hour a.m. p. m.	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)  RY Manth, Doy, Yes	ar 20d. II	NJURY OCCURRED 20e. P	PLACE OF INJURY (I octory, street, office	Hame, farm bldg., etc.	20f. (City	or town)		Caunty)		(Stote)
actual signature Physician's	not I attended the pril 11.	Jeu	ed from March 1 60, and that deal	M.D. The	Clini Clini Lonal	M, from ADDRESS (Shi ical C Insti	the causes and reet, city or town, enter tutes of	d an the	e date s	tated	abave.
220. BURIAL, CREMATIC REMOVAL (Specify, Burial	ON, 22b. DATE THEREC	)F	22c. NAME OF CEMETERY Arlington	OR CREMATORY		22d. LOCAT	aryland ION (City, town, tington,		gini	(State)	)
23. FUNERAL DIRECTOR ROBERT	S SIGNATURE A. PUMPHR	EY	ADDRESS Bethesda	, Md.		D BY REGIST		STRAR'S SI			

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	A State of Communication and Communication C	elle celle ch	
a Local Vision Land	all Dec. Arlin		CO-51-A LETTER

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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 4806

								// 484	-	
1. PLACE OF DEATH o. COUNTY Montgomer	у		MARYL	AND	2. USUAL RESIDENCE (WO o. STATE District of		h COUNTY	on: Residen	ice before ad	mission}
b. CITY OR TOWN (I RURAL ond give no Bethesda		ts, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN (IF of Washington	outside corpo	orote limits, write R	URAL ond	give nearest t	(nwo)
d. NAME OF HOSPIT OR INSTITUTION U. S. Nav	AL (If not in hospitol, g	jive street L	oddress)		d. STREET ADDRESS 3389 Stephe	nson ]	Place. N.	W.	01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fir Hele		Middle Marie		Lost ORR	4. DATE OF DEATH	Mor		Day 27	Yeor 19 60
s. sex Female	6. COLOR OR RACE Caucasian		RIED NEVER MARRIED		3. DATE OF BIRTH 12-28-96		9. AGE (In years lost birthdoy) 63 yrs.		Days Hou	NDER 24 HRS.
Housewife  13. FATHER'S NAME	N (Give kind of work ing life, even if retired	done 10b.		INDUS	TRY 11. BIRTHPLACE (Stote  Marylan  14. MOTHER'S MAIDEN I	name	country)		J.S.A.	AT COUNTRY?
Charles L	ouis Gwinn	CESO 114	COCIAL CECURITY NO	17 161	Mary E. O	'Brie	n Add			
	If yes, give war ar dates of s		None	(H		rr, sa			e	
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  Try, which mediate  DUE TO	Ce	ine for (o), (b), and (c).]	· la	rotic he	art.	diseas		ONSET A	ND DEATH
ICATIC	Pro	lad	le meta	sta	not related to the term tic Carci	man	na	VEN IN PAR	PE	AS AUTOPSY RFORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OC	CURRED	). (Enter noture of injury in	Port I or Por	rt II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While		Oe. PLA	CE OF INJURY (Home, form tory, street, office bldg., etc	m, <b>7</b> 0f. (City	y or town)	(1	County)	(Stote)
22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	R. G. GALL	lu'a	TH, JR., LT, M	C, US	A.D. PHYS. X MPHYS. 22d. ADDRESS U. S. Na	AED.  IRECTOR   IVal Ho	STAFF DSpital,	Bethe	4-	22b. DATE SIGNED 27-60
230. BURIAL, CREMATIO REMOVAL (Specify) Burial FUNDA DISECTOR S.H. Hines F	MAY 2 LSENABEES 20	196	23c. NAME OF CEMET APLING ADDRESS OI 14th St.	ton	National 250. REC	D BY REGIS	100	STRAR'S SI	Virgi	Stote) nia

r ) Les teaus Livel .5 .U . W. St. Standard Color Color House - plyne A. S. William Land Company of the Co Elizabeth and a property of the control of the cont

TO HOSE COR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. The purs after death, and be able to spirely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayol, and in any event, within 72 hours after death.

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

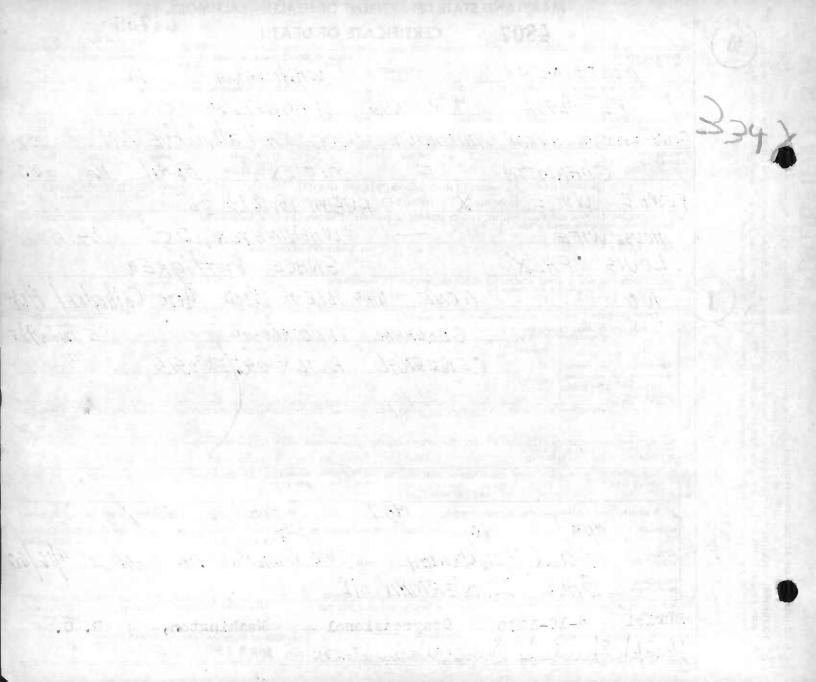
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 4698

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
1	12 COUNTY MARYLAND	a. STATE b. COUNTY
	b. CITY OR JOWN (If outside carporate limits, write RURAL and give nearest lawn),	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
/	TAKAMA PARK 26 days	Cel Ashinaton
75	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \text{VS} \) NO.
10	WAShinston Dan & Hosp.	174 - 14 minning
	3. NAME OF DECEASED (Type or print)	Lost 4. DAYE Manth Day Year OF DEATH PRINT 3 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (M years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female wh. WIDOWED   DIVORCED	12-18-13   last birthday) Manths Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Analyst - Navy Deft	WISCANSIN PARTICO
	13. FATHER SNAME	14. MOTHER'S MAIDEN NAME
1	Ferninand fieper	Ida Madaus
/ =	15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. 1 (Ye), no, or unknown) (If yes, give war ar dates of service)	NFORMANT Address
( ]	No .	Admission Record,
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  Liver	Couling ONSET AND DEATH
	170 × DUE TO 201 4	
	Canditions, if any, which) (b) //olavlall	1 Carcinama o mor
	gave rise to immediate couse (a), stoting the under-	04/10.7 9
	lying cause last. (c) Carcinome	107 right often dyears
		T NO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
2	CAT	YES NO 🗆
0	THE DAY ACCIDENT WAS UNIDERLYING TO JOB DESCRIPTION INTRINSPOSECURE	ED. (Enter noture of injury in Part I ar Part II of item 18.)
	OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		LACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) octory, street, office bldg., etc.)
	Hour o. m. 'While Nat while of wark   19	y, steel, steel
	21. I certify that (1) (this haspital) attended the deceased from.	Jan 10, 1960 to april 3, 1960, that (1) two last
	61 03 14	
	sow the deceosed olive on Cypty 3 1960 and that	death occurred out from the couses and on the date stated above.
	Tamata Land	ATTENDING & MED STAFF ALL SIGNED
	22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. DIRECTOR PHYS.
1	NAME (Type) W W.F. ast man	8700 - Colosi Ole Ra SchenSprings
	23g BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	1770
	23a BLIPLAT CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CALL (Specify)	de Cometry Columbia Wisansi
	24. FUNESAL DIRECTOR'S SIGNATURE	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
^	Siminos estas Pel SE. Hos	DATE APR 6 '60 Chilles & Kraus
-	1 14	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4807 CERTIFICATE OF DEATH Reg. Dist. No. directar, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Filed b. COUNTY MARYLAND ONTGON funeral b. CITY OR TOWN (If autside carparate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 pe RURAL and give nearest town shauld d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR, INSTITUTION the d. STREET ADDRESS e. IS RESIDENCE ON A FARM? by 12 CONGREGGIO YES T NO T ond .= NAME OF Middle DATE Month Day Year filled DECEASED DEATH (Type or print) 19 60 Pages S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED lost birthdoy) Months Days Hours WIDOWED DIVORCED papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) P pan OF ofter 13. FATHER'S NAME physician Car remave haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT ves, nive wor or dates of service) 72 attending please within 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the **DUE TO** þ permit Conditions, if any, which gned gave rise to immediate DUE TO cause (a), stating the underpup burial-transit lying cause lost been physici PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION PERFORMED? mayal has YES NO CA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) certificate OR CONTRIBUTING | CAUSE OF DEATH ö (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICA 20e. PLACE OF INJURY (Hame, farm, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Stote) (County) factory, street, affice bldg., etc.) Haur o. m. While Not while at work p. m. at work 21. I certify that I attended the deceased fram. \_\_\_\_\_ 1960 that I last saw the deceased , and that death accurred at 3.12 alive an M, fram the causes and an the date stated abave. the DIRECTOR ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 3 shauld PHYSICIAN'S FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page AL (Specify) the 960 Congressions 10 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATUR Citting S. Kraus VS A1S (4) 15M 9/SB



01	X	/	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
0	1	1	4808 Items 21 CERTIFICATE OF DEATH Reg. Dist. No.
Page director	200		1. PLACE OF DEATH O. COUNTY O. STATE D. COUNTY
eral o	be fil		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
fun fun	<del>0</del>		Rethes da Willmington 46x-3
offe the	oks 2	111	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  O. STREET ADDRESS  e. IS RESIDENCE ON A FARM?  OF HOSPITAL (If not in hospital, give street address)
n by	pu .	7	Suburban 1/8/1/2002 Drive YES NO I
lled i	- S		3. NAME OF DECEASED (Type or print)  ON AND OF DECEASED (Type or print)  ON AND OF DECEASED (Type or print)  ON AND OF DEATH
ithin ily fi	Pag		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yoors lost birthday) Mangha Days Hours Min.
plete	Š.		WIDOWED DIVORCED Willy 10 1000 14 yrs. 9 4
ecute	pape eath.		10a. USUAL OCCUPATION (Give kind of work dane during most of warking life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY DESTRIPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
and and	50		13. FATHER'S NAME 1 1. P. IVATE INCLUDING MAIDEN NAME 1. P. M.
ian ian	1 2 S	1	Saidil salin Her Saidil
fica	S S		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.   INFORMANT Address 500 - 10 - LOW
cert	ren 72 K		(Yes, no, or unknown) (If yes, give war or dates of service) 931-01-5266 hours & Frechtling-5623 New notion Rd Wash. 161
eath	hin		18 CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c), 1
e de	G.3		PART I. DEATH WAS CAUSED BY: LEFT CEREBRAL THROMBOSIS ONSET AND DEATH
at the	The		DUE TO
s th d by	any.		Conditions, if any, which gave rise to immediate cause (o), stoting the under DUE TO  Conditions, if any, which gave rise to immediate cause (o), stoting the under to the under the cause (o), stoting the under the un
quire	d in		cause (o), stoting the under- lying cause lost.  DUE TO  AND GENERALIZED
w re	ansit		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
e la phys	al-tr aval	3	ARTEREOSCLEROTIC HEART DISEASE Q INSUFFICIENCY YES NO EN
AN: The	the buri	V	20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II af item 18.)
PHYSICI Il ar atta nis certif	use as matian,		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  19  20c. TIME OF INJURY Month, Day, Year Odd. INJURY OCCURRED More foctory, street, office bldg., etc.)  20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)
Spito er th	far , cre		21. I certify that I attended the deceased fram. 131960, 19 to 32260 , 19 that I last saw the deceased
NDII	chec		alive an 4 \$ 22 60 , 19 , and that death accurred at 33 PM, from the causes and an the date stated above.
TOR TOR	deta ta b	1	ADDRESS (Street, city ar town, state)  AADDRESS (Street, city ar town, state)
ed b	riar		SIGNATURE Potser M. Coale M.D. 4630 montgouery luce 32260
AL DI	hauld trar pri		PHYSICIAN'S ROBERT N. GOALE Beliterated Manyland
HOS Oy be FUNER	page 3 s the regis		22a. BURIAL, CREMATION, 22b. DATE THEREOF : 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION CITY AND SECOND 1960 SEY
5 E 5			23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 26 REGISTRAR'S SIGNATURE
VS A1S (			Martin W. Hysong Co. 1300-N. St. N. NOATE APR 25'60 arily 8. Kinus

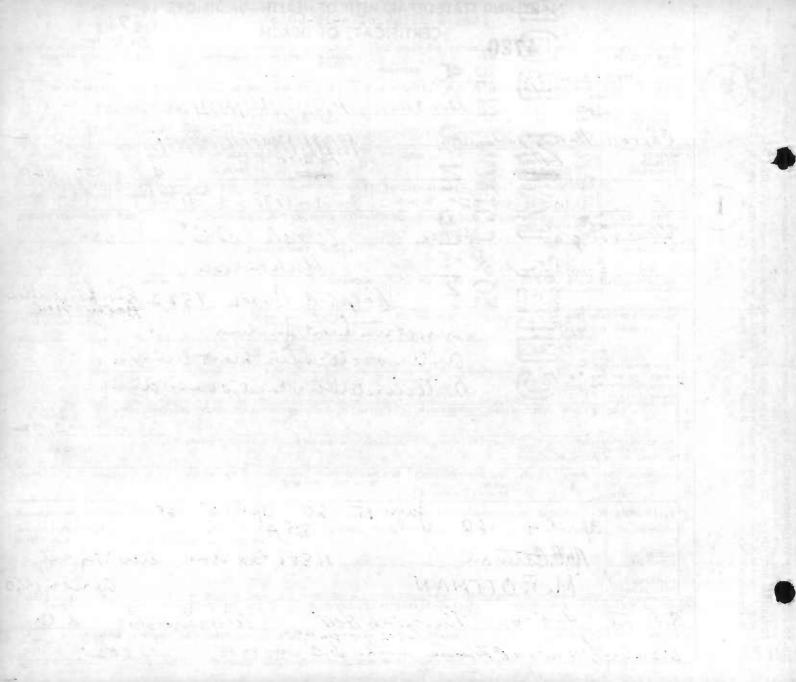
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b	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 2 FilmG261 4-18-60 et
0	CERTIFICATE OF DEATH  Reg. Dist. No.
X	1. PLACE OF DEATH a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY  D. C.  D. C.
严)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
090	Kensington in 0 3 days Add by
0,0	3. NAME OF DECEASED EllaFirst Middle Potater 4 Date Month Day Year
	(Type or print) Per 1960
1)	S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  WIDOWED DIVORCED 8-21-1878  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   Mi
	10a. USUAL OCCUPATION (Give kind of work done done done during most of working life, even if retired)  House  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Adam Ehlshlager  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  Address  Address
	(Yes, no, or unknown) (If yes, give wor or dates of service) Ralph A Power 9322 Elimberg Nr.
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  UMALL TOWN
	420.0 DUE TO 0. To - 0.00 1/2 of 100 1/2
	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying couse last.  (b)  Out to the transfer condition to the condition of the con
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFE MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Year Hour a. m.  p. m.  19  20d. INJURY OCCURRED While Not while at work at wo
	21. I certify that I attended the deceased fram 15, 1960, to Charles 1, 1960, that I last saw the deceased alive an Charles 4, 1960, and that death accurred a 25 AM, fram the causes and an the date stated above.
	ADDRESS (Street, city or town, stote)  DATE SIGNED
1	SIGNATURE MITALLITURAN M.D. 11800 Sa ane Site Spy my
	PHYSICIAN'S NAME (Type) M. F. OTTMAN april 5, 196
	220. BURIAL CREMATION, BENDOVAL (Specify) 4-8-60 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 14812 Georgia 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  Leal Fluneral Home wash. D.C DATEPR 1 1 60 Citing & Known
FEET 875 - 4	John J. Manne



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

04742

-61	0.0.3			
1. PLACE OF DEATH a. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (When a. STATE MARYLAN	D b. COUNTY	: Residence before admission) MONTGOMERY
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest tawn) SILVER SPRING	write c. LENGTH OF STAY IN 16	101	tside corporate limits, write RUR SPRING	(AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give OR INSTITUTION 902 TAKOMA A	verset oddress)	/ d. STREET ADDRESS 7902 TAKOMA A	VENUE	e. IS RESIDENCE ON A FARM? YES NO 🔀
3. NAME OF First DECEASED (Type or print) STELL	A M .	PRICE Lost	4. DATE Month OF DEATH APRI	
	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) Clerk, retired	10b. KIND OF BUSINESS OR INDU U.S. GOVT. Panama Canal	St. Paul, N		12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME William Miegel		14. MOTHER'S MAIDEN NA Vina Ne		
S. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unknown) (If yes, give wor or dates of serv	S? 16. SOCIAL SECURITY NO. Mr.	NFORMANT William M. Pr	rice, 7902 Tako Silver Sp	oma Ave. oring, Md.
Canditions, if ony, which gave rise to immediate couse (a), stating the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TIONS CONTRIBUTING TO DEATH BU		SALUGA  NAL DISEASE CONDITION GIVEN	
20a. ACCIDENT WAS UNDERLYING   20 OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   20c. TIME OF INJURY Manth, Doy, Year Hour o. m. 19	20d. INJURY OCCURRED While Not while for ot work	ED. (Enter noture of injury in Po LACE OF INJURY (Hame, form, cotory, street, office bldg., etc.)		(County) (Stot
21. I certify that (I) (this haspital) saw the deceased alive an 4 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type) RUSSELL M.	attended the deceased fram.	M.D. ATTENDING DIRI		on the date stated above 22b.DATE SIGNE 4-13-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 4/16/60	23c. NAME OF CEMETERY OF Ft. Lincoln (		23d. LOCATION (City, tawn, or Prince Geo. Co	county) (State) unty, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE Y	ADDRESS SILVER SPRIN			RAR'S SIGNATURE

may be sined by the haspitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, to Funeral for use as the buriol-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within page 3 should be detached for use as the buriol-transit permit. the State Board of Health prior to burial, crematian, or removal, TO HOS VR A1S (4) 15M 9/59

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ond in any event, within 72 haurs after death

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that the death certificate be

hospitol or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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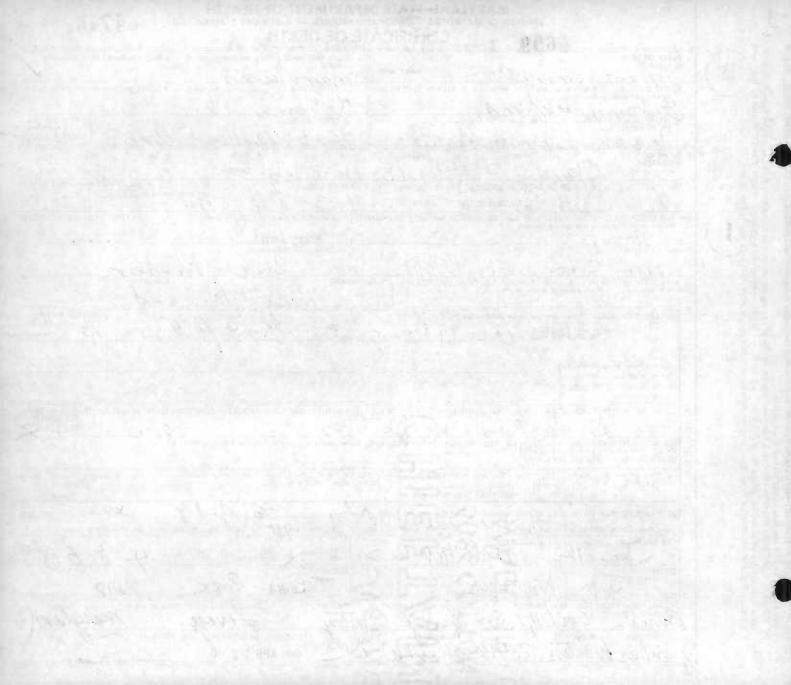
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEAT 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if out de corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporeta limits, write RURAL and give nearest town) for your Board of write RURAL and give nearest town) e. IS RESIDENCE d. NAME OF HOSPITA A OR INSTITUTION (if not in hospitel, give street eddress) ON A FARM? YES NO DECEASE (Type or print) 9. AGE (In year lest birth da) IF UNDER I YEAR 5. SEX IF UNDER 24 HRS 6. COLOR OR MACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months [ Deys WIDOWED 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) 13. FATHER'S 14. MOTHER MAIDEN NAME transit permit. File ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMAN Yes, no, or unkawn) ((fives give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause **DUE TO** (e), stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO ponid 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Pert II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) (Stete) factory, street, office bldg., atc.) While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection & Inquiry V and in my opinion 20 should be forwarded to PUNERAL DIRECTO Suicide Homicide Undetermined manner death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Streat, city, town, or county) 22d. LOCATION (City, town, or country) 9929 22a, BURIAL, CREMATION, (State) REMOVAL (Specify) APRIL119-1960 WASHINGTON NATIONAL 940 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	4699 Item CERTIFICATE OF DEATH							
	1. PLACE OF DEATH G. COUNTY  MARYLAND  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY						
5	b. CITY OR TOWN (If dutside corporate limits, write RURAL and give neadest lown).  d. NAME OF HOSPITAL (If not in hospital, give street address) OR, INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  A A A A A A A A A A A A A A A A A A A						
	3. NAME OF DECEASED (Type or print) Clara Elizabe	Lost A. DATE Month Day Year OF DEATH 4 - 8 1960						
	J. White WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS lost birthday)  Months Days Hours Min.						
)	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Maryland U.S.A.						
	mr. Samuel Woltz	Clara Krater						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of service)	Hoop. Record						
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	eath fund farling Interval Between ONSET AND DEATH						
	Canditions, if ony, which gove rise to immediate couse (a), stating the under-lying cause lost.							
	/ (c)	( NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES   NO.						
		D. (Enter nature of injury in Port I or Port II of item 18.)						
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to the p.m. 19 While of work to the p.m. 19	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State ctory, street, office bldg., etc.)						
	21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive and 1969 and that a	death accurred a M. fram the causes and an the date stated above						
	I - We The them I s	M.D. ATTENDING MED. STAFF PHYS. 122d. ADDRESS						
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	PR CREMATORY 23d. LOCATION (City, town, or county) (Sigte)						
	Burea Garil 11, 1961 Savage Co	emiling Soveye, maryland						
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE APR 1 2 '60 CALLY & KINDER OF THE PROPERTY OF TH								



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4810 **CERTIFICATE OF DEATH** Reg. Dist. No. urs after death. Page 42 D HOSPAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 bours after death. Page 4, and bined by the hospital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs often death.

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1. PLACE OF DEATH  o. COUNTY  Montgomery.  MARYLAND					YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Virginia  Arlington.							
			, write c	LENGTH OF STA	Y IN 1b	c. CITY OR TOW		corporote	limits, write f				)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town TET MAN TOWN 4 Mo.						Arlington. Virginia. 83X-					V-3		
d. NAME OF HOSPITAL (If not in hospital, give street address)						d. STREET ADDRESSO15 N. Edison St.					e. IS RESIDENCE		
Marylander Sanitarium.						Cornantown Mary Land.					ON A FARM? YES NO		
3.	NAME OF	Firs		Midd		Lost	4. D		Moi	nth	Day	Y	'eor
	DECEASED (Type or print)	Ruth		Fitzhugh		Robbins.	0	F EATH	April		8th.	1	9 60
5. 5	SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARI	RIED 🔲 8	. DATE OF BIRTH		9.	AGE (In years ast birthday)	Months		Hours	R 24 HRS.
F	male .	White.	WIDOWED	DIVORO	ED	Feb.I5th.	I887.	7			rz l	riours	Min.
100	. USUAL OCCUPATIO	ON (Give kind of work d	one 10b. KI	ND OF BUSINESS	OR INDUST	TRY 11. BIRTHPLACE	(State or fore	eign count	ry)	12. CI	TIZEN OF	TAHW	COUNTRY?
	Clerk.		G	ovt.		Washi	ngton.	D.C.		U.	S. A.		
13.	FATHER'S NAME					14. MOTHER'S MAI	DEN NAME						
	James S.	Fitzhugh.	(De	c.)		Louisa	Page.	(D	ec.)				
	WAS DECEASED EVE	R IN U. S. ARMED FOR		CIAL SECURITY N	O. 17. IN	FORMANT			Add	fress			
-	_	(If yes, give wor or dates of se NONE .		known	3	irs John F	.Burns	3. 3	015 N.	Ediso	n St	, Arl	.Va.
		TH [Enter only one cou	se per line	for (a), (b), and for	1.]	1 -		1	1			RVAL BET	
	PART I. DEA	PART I. DEATH WAS CAUSED BY: Orderiosclerotic cardiorrescular descess ONSET AND DEATH								11/2			
	422	477 DUE TO 17 1 1											
	Conditions, if o	ny, which ) (b)	1) of cloute replines before.						15	5 duy			
	gove rise to i	mediate DUS TO											
	lying couse lost.	(c)											
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?												
₹ O	YES NO												
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH   (If EITHER, NOTIFY MEDICAL EXAMINER)												
MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Yea		URY OCCURRED		CE OF INJURY (Homory, street, office bld		. (City or	town)	(	County)	100	(State)
MEC	p. m.	19	While of work [	Not while of work		.,,							
	21. I certify that I attended the deceased from 121. 10, 1959, to agril 7 1, 1960, that I last saw the deceased												
	alive on 4/2, and that death accurred at M, from the causes and an the date stated above.												
	4		11/	,, and me	ar acam	1 0			City or town		ne dai		TE SIGNED
	ACTUAL	marco (1)	·Ko	MA.		· LOm	manx	INA	had			4/	178/1
	SIGNATURE				^	1.0.		2227					11448
	PHYSICIAN'S	mes P.Kerr				Damas	cus. l	[arv]	and.				
220		N, 22b. DATE THEREO		22c. NAME OF CE	METERY OF				(City, town,	or county)		(Stote	)
	REMOVAL (Specify)	4/30/60.				ens, Cemete			gton,		nia.	,5,0,4	
23.	FUNERAL DIRECTOR			ADDRESS	Was	7	REC'D BY					E	
- 1	Joseph	7. Rich	50	NS 303	34/14		TE MAY 2			Inthun 2			

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#### - MARTIAND STATE DEPARTMENT OF HEALTH-SALTIMORE, TO

#### CERTIFICATE OF DEATH

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04748 **CERTIFICATE OF DEATH** Reg. Dist. No.

)	1. PLACE OF DEATH  o. COUNTY  MO'NT GOMERY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY MONTGOMERY				
	b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) SIDVER SPRING	write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write				
,	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION 2220 WAS HI	street address) NGTON AVENUE	d. STREET ADDRESS  2220 WASHINGTON AVE  on a FARM?  YES \( \) NO \( \)				
	3. NAME OF First DECEASED (Type or print) CARR	Middle C	ROBINSON 4. DATE OF DEATH	9 - Day Year 1960			
		MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  11/1/1872  9. AGE (In year lost biglighted)	Months Days Haurs Min.			
	10a. USUAL OCCUPATION (Give kind of work don during most of warking life, even if retired)	e 10b. KIND OF BUSINESS OR INDU	New York 11. BIRTHPLACE (Stole or foreign country) 12.CITIZEN OF WHAT COUNTRY?				
	Isaac J. Chase		14. MOTHER'S MAIDEN NAME Xarifa D. Chase				
H	15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give wor or dates of service)  **TO O	-1	ive Robinson same as	ddress #2			
0	Conditions, if any, which gove rise to immediate cause (a), stating the under-lying couse last.  PART II. OTHER SIGNIFICANT CONDIT  20a. ACCIDENT WAS UNDERLYING  20a. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Lenterosclere Sembly,	Densalzed Orteriorles THOT RELATED TO THE TERMINAL DISEASE CONDITION OF	GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \text{NO} \) NO \( \text{NO} \)			
	20c. TIME OF INJURY Month, Day, Year Hour o. m.  p. m.  19  20d. INJURY OCCURRED While Not while of work of wo						
1	21. I certify that I attended the deceased from April 4, 19 60, to April 5, 1960, that I last saw the deceased alive an April 4, 1960, and that death accurred at 4.20 M, from the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNATURE  SIGNATURE  PHYSICIAN'S BERNARU A. FITZGERALU Silver Spring Red						
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  CREMATION 14/9/60 23 FUNERAL DIRECTOR'S SIGNATURE CO.	Ft. Lincoln 290 Profes th St. Washington 9	n Crematory Prince Ge N.W. 24g. REC'D BY REGISTRAR 24b. RE	n, or county) (Stote) corgo Md GISTRAR'S SIGNATURE Lithun S. Krama			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 4811 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND District of Columbia Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 17 days Washington Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? by 12 YES NO V The Clinical Center, Bethesda 11, Md. 36 Florida Avenue, N.F. 2 NAME OF 4. DATE Middle Manth Day Yeor filled DECEASED DEATH April (Type or print) Clarice (None 1960 Rogers 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months complete Doys Hours DIVORCED | WIDOWED [ December 12, 1914 Female Negro 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Unascertainable South Carolina U. S. A. Domestic corban ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion low requires that the death certificate Lonnie Williams Nora Berry remave 72 haurs WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANTThe Medical Record offending p 72 578-20-5458 The Clinical Center, Bethesda 14, Maryland No ease 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN 3 Years ā PART I. DEATH WAS CAUSED BY Carcinoma of the Cervix with Metastases IMMEDIATE CAUSE (a) DUE TO 4 days Canditions, if ony, which Bronchopneumonia gave rise to immediate DUE TO couse (a), stating the underand lying cause last. burial-transit or offending physicion PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY removol, PERFORMED? YES X NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) this certificote 50 20c. TIME OF INJURY Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour o. m. Nat while at wark ot work 21. I certify that I attended the deceased from March 25 , 1960, to April 11 , 1960, that I last saw the deceased detoched \_, and that death accurred at 1:45am, from the causes and an the date stated above alive an Aprilal Sined by the DIRECTOR: DATE SIGNED ADDRESS (Street, city or town, stote) ACTUAL 4-11-60 pe M.D. The Clinical Center should National Institutes of Health FUNERAL PHYSICIAN'S NAME (Type) ALAN B. RETIK Bethesda ll. Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) poge REMOVAL (Specify) Washington, D.C. Woodlawn Cemeterv FUNERAL DIRECTOR'S SHOWARDER ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE APR 1 3 '60 arthur S. Thrack VS A15 (4) H Street, N.E. 15M 9/5B

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FOR STATE,	Item 6 FilmG261 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4751
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence of the county become by the county by the	
rector.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  Bethesda  c. LENGTH OF STAY IN 1b  Bethesda  c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)	
1 -	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)  6204 Kennedy Br.  6204 Kennedy Drive	o. IS RESIDENCE ON A FARM? YES NO
the Ser de	(Type or print) Mary Davis Rush OF DEATH Apr. 14	19 60
2, and 3 to 5 may bo d 2 with hours aft	5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH    7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lest birthdey)   Months   Dey   Months   Dey   67 yrs.   FUNDER 1 YEAR   1	s Hours Min.
Page 1, 1 and 1 an	Domestic N.C.	OF WHAT COUNTRY
W. Park	John Davis Julia Kirk	
Ited within Item 18. Giv with form permit. File	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (les, no, or unkown) (lifyesgive werordates of service)	
s execute along watersit present in a second watersit present in a second in a	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Mycordial Infarct	INTERVAL BETWEEN ONSET AND DEATH Found dead
should be ig," in pen 's Office a a burial-h removal, a	Conditions, if eny, which gove rise to immediate cause	on floor
ertificate I "pendir Examiner s used as	cause lest. (c)	19. WAS AUTOPSY PERFORMED?
R: This can the word Medical should be selected by creme al, creme	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/e  Previously treated at a Wash. Clinic for myocordial infarct  20e. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURED. (Enler neture of Injury In Part I or Pert II of item 18.)  CAUSE OF DEATH.	YES NO
EXAMINE ste, writing the Chief I for to buring the chief I for to buring the chief I for the chief I for the chief I for the for the chief I f	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, Perm, Porm, Porm	(Stote)
AL Hifficant of to the party of	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	nd in my opinion
日本を持ち	ACTUAL SIGNATURE TRANSPORT Browhart M.D. ASSISTANT MEDICAL EXAMINER [	DATE SIGNED
DE TY ME ease execute the should be forve FUNERAL D its designated	EXAMINER'S NAME (Type)  Pronk J. Broschart  Apr. 17  Address (Street, city, town, or county)  226. BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or country)	, 1960
please 4 shour TO FUT or its or	REMAY 14 9 cify) 4/18/60 Carver Memorial, Muirkirk, Md.	
VS. A15ME 5M 7/59	Cobert L. Survider Rookville, Md.   246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN DATEAPR 1 9'60 Orilar S. Kr.	eu.A

MARYLAND STATE DEPARTMENT OF HEALTH

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## Division of STATISTICAL RESEARCH AND RECORDS, MEDICAL EXAMINE HEALTH DEPT 1. PLACE OF DEATH a. COUNTY ar death. If a delay is necessary, and 3 to the tuneral director. Page 5 may be retained for your files. Montgomery MARYLAI b. CITY OR TOWN (il outsida corporata limits, c. LENGTH OF STAY IN write RURAL and giva naarast town) Boyds d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva streat address) certificate should be executed within 24 hours after death. If a deltad "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Examiner's Office along with form PM3, Page 5 may be retained be used as a burial-transit permit. File pages 1 and 2 with the State Enation, or removal, and in any event With 72 hours after death. No Street address 3. NAME OF Middla DECEASED (Type or print) Lloyd Edward Sanbower 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX WIDOWED DIVORCED white male 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR IND Signal Matritainered laborer 13. FATHER'S NAME Montde J. Sanbower 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or datas of service) 218-12-7654 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONTUSIONS AND L. DUE TO Conditions, if any, which (b) AUTOMOBILE ACCID gave risa to immadiata causa Medical Examiner's DUE TO (a), stating the undarlying should be forwarded to the Chief Medical Examin FUNERAL DIRECTOR: Page 3 should be used its designated agent, prior to burial, cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE CERTIFICATION execute the certificate, writing the word 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCUR PRIMARY TO OF CONTRIBUTING CAUSE OF BEATH. MEDICAL EXAMINER: MEDICAL 20d. INJURY OCCURRED | 20e 20c. TIME OF INJURY Month, Day, Year While Not While 4/26/60 10 at work at work 21. I certify that I took charge of the remains described above death resulted from: Natural causes Accident ACTUAL SIGNATURE NAME (Type) Frank J. Broschart 9989 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETE DE Burial (Spacify) 4-29-60 Arlington Z40 0 23. FUNERAL DIRECTOR Rethesda PUMPHREY VS. A15ME ROBERT 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

'S CERTIFICAT	E OF	DEATH		64	752	
2. USUAL RESIDENCE	CE (Whare			ion: Rasider	nca befora	admission
a. STATE		b. COL		fant -		
c. CITY OR TOWN	f outsida coi	rporate limits, wr	te RURA	L and give	nearest toy	vn)
X Boyds						,
d. STREET ADDRESS						ESIDENCE
No St	reet	addres	S			A FARM?
Last	4. DATE			Day		-
	OF					1
	DEAT	APPIL	26,	1960	19	
B. DATE OF BIRTH		9. AGE (In year last birthday)	IF UN	DER 1 YEAR		
Sept. 19,19	20	39 yrs.	7	hs Days	Hours	Min.
TRY   11. BIRTHPLACE (State	or foreign c	ountry)	12	. CITIZEN	OF WHAT	OUNTRY
1 264				71	CIA	
14. MOTHER'S MAIDEN	NAME			U	SA	
Grace Sh	ry					
INFORMANT		Addre	\$3			à
ntie J. Sanbo	wer (1	(ather)	Ite	m 2		
			- 7	IN	TERVAL BE	
	Th 4 Whit 4	10000			NSET AND	DEATH
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NOT RELATED TO THE TERMIN	AL DISEASI	CONDITION G	VEN IN	PART I(a)	19. WAS A	LUTOPSY
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					YES _	ио 🗌
(Enter nature of Injury In Part	I or Pert II	of itam 1B.)				
HICH WAS STRU	CK BY	CAR				
LACE OF INJURY (Home, farm	, ! 2Df. (Ci	ty or town)		(County)		(State)
ciory, streat, office bidg., atc.	)		3.50	ntg.	1.64	
highway						
neld an Autopsy 🗖,	Inspection	Inqu	iry	, and	in my o	pinion
icide, Homicide	, U	ndetermined	manne			
CHIEF MEDICAL E	XAMINER [					
M.D. ASSISTANT MEDI	CAL EXAMI	NER 🗍		1	DATE SIG	NED
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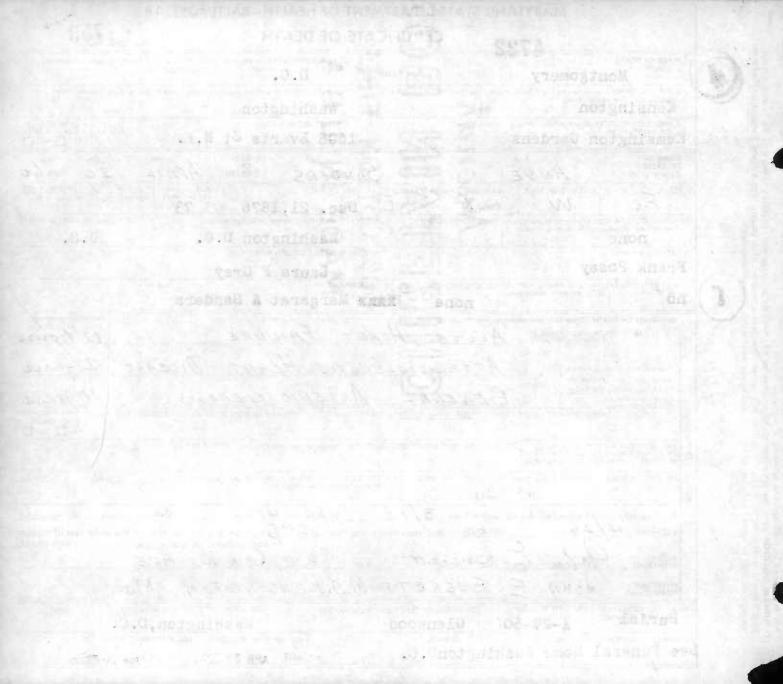
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AND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 9/5B

	48:	4				Re	g. Dist. No	7
PLACE OF DEATH	tgomery	MARYLA		SUAL RESIDENCE (WE			Residence, belo	ore odmission)
b. CITY OR TOWN (I	f outside corporate limits, w	rite c. LENGTH OF STAY IN	116	. CITY OR TOWN (If	outside corporate li	mits, write RURA	L and give ne	arest town)
RURAL and give no		10 days		Beaverdale			7	5X-3
d. NAME OF HOSPIT	AL (If not in hospital, give s			d. STREET ADDRESS	MUNICIPAL S			
The Clini	cal Center,	Bethesda 14, M	d.	Box # 528				
3. NAME OF DECEASED (Type or print)	First Josep	h (None	)	Sasek	4. DATE OF DEATH	Month April		,
5. SEX		MARRIED X NEVER MARRIED	□ B. DA	TE OF BIRTH	9. AC	April 13 1960  GE (In yeors of the UNDER I YEAR IF UNDER 24 HRS. st birthdoy) 12 yrs. Months Doys Hours Min.  12 yrs. Months Doys Hours Min.  12.CITIZEN OF WHAT COUNTRY?  U. S. A.  Ord Address ethesda 14, Maryland  y for INTERVAL BETWEEN ONSET AND DEATH immediate  Sis years  years  years  NDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO   fitem 18.)  Own) (County) (Stote)  14/14/60  tes of Health yland  (City, town, or county) (Stote)		
Male	White wit	OOWED DIVORCED		uly 14, 19	17 4	2 yrs.	onths Doys	Hours Mir
Oo. USUAL OCCUPATIO	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)		12. CITIZEN O	F WHAT COUNT
Coal Miner		Mining		Pennsylvan	nia		U. S	. A.
3. FATHER'S NAME			14	MOTHER'S MAIDEN	NAME			
Matthew Sa	sek			Dora Berick	h			
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	INFOR	MANTThe Med	ical Reco	ord Address		
/no	(,, ),,	210-03-2952	The	Clinical Co	enter. Be	thesda	14, Ma:	ryland
	•	per line for (o), (b), ond (c).] Operative Deat		tral commi		y for	ON	SET AND DEATH
11.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Operative Deat	orr: m	tral steno	818		1	nmearaw
4/0	DUE TO	Mitral insuffi	icien	v and mitr	al stenos	sis	v	ears
Conditions, if a gave rise to i	mmediate (	III or ear Tribours	202034	3 0000	-			
lying cause lost.	the <u>under-</u> (c)	Inactive rheur	natic	heart dise	ase		У	ears
		ONS CONTRIBUTING TO DEATH	H BUT NOT	RELATED TO THE TERM	INAL DISEASE CON	IDITION GIVEN	IN PART 1(a)	PERFORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	CURRED. (Er	ter nature of injury in	Port I or Port II of	item 18.)		
20c. TIME OF INJUR Hour o. m. p. m.	V V	Od. INJURY OCCURRED  While Not while twork of work	0e. PLACE ( foctory,	OF INJURY (Home, farm street, office bldg., etc	20f. (City or to	wn)	(County)	) (Sto
	ot I ottended the de	ceosed from April	3	1960 to A	pril 13	1960 the	at I last so	w the deceas
alive on Ap		4 -						
0.	2 1 1	1 1 11						
ACTUAL SIGNATURE	her D.	Soodwell	M.D.	The Clin	ical Cent	ter	14/	14/60
PHYSICIAN'S	- 1 1			National	Institut	tes of H	ealth	
NAME (Type)	Robert D. Bl	oodwell, M.D.		Bethesda	14. Mary	rland		
220. BUKIAL, CREMATIC REMOVAL (Posity) Removal		22c. NAME OF CEMETE				City, town, or correct Fork,		
23. FUNERAL DIRECTOR	'S SIGNATURE	2901-14th St		D.C. PATE	BAY RESISTEME	24b. REGISTRA	AR'S SIGNATIL	JRE

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Day

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U.S.A.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(State)

22b. DATE

4-27-60 SIGNED

(Stote)

Virginia

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

e. IS RESIDENCE

YES NO TY

Year

1960

VR A15 (4) 15M 9/59

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H. L. K. Mich, Mc, 4th, G.H. . Cold. Revol. Hoop Tests and J. Mar.

Rea. Dist. No.

may be addined by the haspitol or after TO FUNERAL DIRECTOR: After this certific page 3 should be detached for use as the registrar prior to burial, crematian, or

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Montgomery Marvland Montgomerv b. CITY OR TOWN (If putside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Olnev 22 Davs Damascus d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO IN Montgomery Co. Gen. Hospital 25300 Oak Drive NAME OF 4. DATE Middle Month Day OF DEATH Katherine (Type or print) H. Schmidt. April 19 60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Female White WIDOWED KI DIVORCED T Dec. 14. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own Home Housewife New York USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Heuman Mary Henzie WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address No None Robert J. Schmidt. Damascus, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral Mascular Accident. Hemiplegia f IMMEDIATE CAUSE (a) DUE TO Arteriosclerosis generalized 2? Canditions, if any, which gave rise to immediate DUE TO couse (o), stoting the underlying couse last. BAST IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PERFORMED? Arteriosclerotic ulcers feet with gangrene; arthritis; YES NO TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Year 20d. INJURY OCCURRED (County) (Stote factory, street, affice bldg., etc.) Hour o. m. While Not while at wark ot wark 4/9/60, 19\_\_,that I last saw the deceased 21. I certify that I attended the deceased fram.\_\_ 19 and that death accurred a 2:20 PM, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED Main S, reet PHYSICIAN'S Gilc n F. Meadors, M.D. Damascus, Maryland NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 2/60 Damascus Methodist Damascus 24b. REGISTRAR'S SIGNATURE 23. FUMERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR Damascus. Md. Chilbur S. Frank

VS A15 (4) 15M 9/5B

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEA 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY y is necessary, I director. Page or your files. b. COUNTY e. STATE MARYLAND No. b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give hearest town) for your 6 days ate Board OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE YES NO DECEASED (Type or print) Elizabeth DEATH with IF UNDER 24 HRS. S. SEX 9. AGE (In your | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthdey Months WIDOWED DIVORCED 10e/USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY! during most of working lite, even if relired) Give Pages I None pages | within 13. I A I HER S HAME 14. MOTHER'S MAIDEN NAME File along with form transit permit. File 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) no no 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), PART I. DEATH WAS CAUSED BY: Office DUE TO Conditions, if eny, which geve rise lo immediate cause DUE TO (e), steling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 0 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. e 3 MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. NJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While et work et work 1960 the certificate, DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion forwarded death resulted from: Natural causes XI, Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** plnods NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22e, BURIAL, CREMATION, 22b 22d, LOCATION (City, town, or country) REMOVAL (Specify)
Removal Zion Evangelical St. Louis, Missouri 940 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME The S.H. Hines Co. -2901 lith Washington DATEAPR 21 '60 5M 7/59 arthur & House

THE TRANSPORT OF THE PROPERTY OF THE STORY O - Asochalil 30.0 - Count duponil LEWIS CONTROL OF THE STATE OF T The same of the sa

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH should be cremation, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) b. COUNTY MARYLAND Macmory b. CITY OR TOWN (If conside corporate limits write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If cenide corporate limits, write RURAL and give represt town) Dring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 9305 Worth Avenue registrar NAME OF 4. DATE First Middle Month SEILIN DECEASED OF DEATH (Type or print) aurice 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years WIDOWED [7 DIVORCED | 2 wi 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) during most of working life, even if retired) U.S. Govt. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME D E tannie SEILIN 50 Page 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT File none PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (0) 12man DUE TO Conditions, if ony, which gove rise to immediate cause **DUF TO** (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY Cormany 20g. EXTERNAL CAUSE WAS 29b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 should 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, affice bldg., etc.) Medical While Not while o. m. of work of work p. m. wnling 21. I certify that I taok charge of the remains described above, held an Autopsy , Inspection , to the Chief. DIRECTOR: 1 death resulted fram: Natural causes A, Accident , Suicide , Homicide , Undetermined cause . ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwarded to ASSISTANT MEDICAL EXAMINER 4-20-60 **EXAMINER'S** NAME (Type) Koscha my DEPUTY MEDICAL EXAMINER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) ARLINGTON NATIONAL CEMETERY ARLINGTON, VIRGINIA 4/25/60 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

SILVER SPRING, MD.

VS. A15ME(5) 5M 9/55

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEAPR 25 '60 arthur S. Thank

Reg. Dist. No.

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Months

IF UNDER TYEAR

(County)

Inquiry A, and find that

e. IS RESIDENCE ON A FARM?

YES NO D

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Year

IF UNDER 24 HRS.

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12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

della

PERFORMED? NO X

DATE SIGNED

(State)

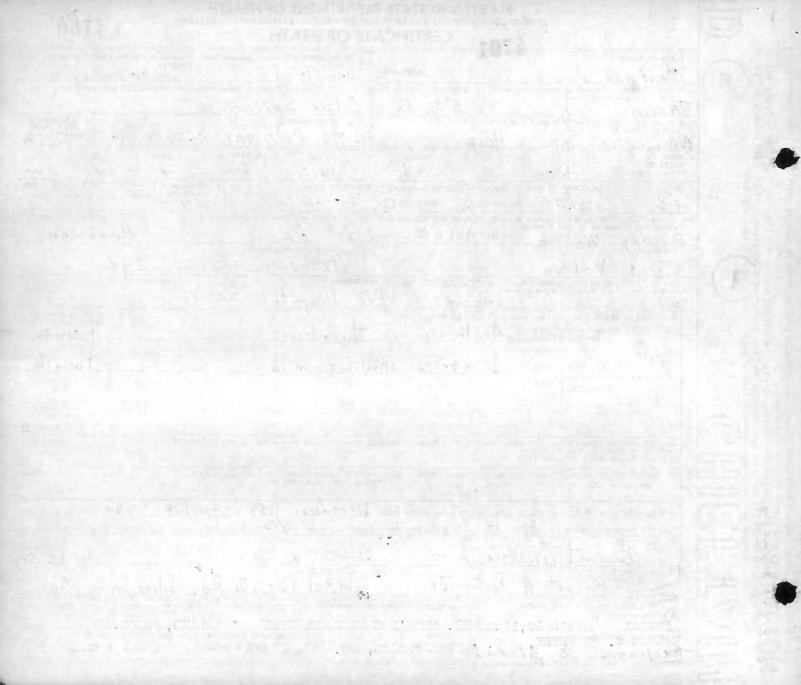
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	4703 CERTIF	ICA	ALE OF DEATH
	1. PLACE OF DEATH  o. COUNTY,  Mart games V  MARY	<b>LAND</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARY And Montgromery
1	b. CITY OR JOWN (If autside carporate limits, write BURAL and give nearest town)		c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	RS,	d. STREET ADDRESS  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	Washington DAN. Y Hosp.		2716 Colesville Bellsville Rd. YES NO W
	3. NAME OF DECEASED (Type or print) Ann A N.M.N	,	Sheets 4. DATE Month Day Year OF DEATH 4 - 14 1960
	s. sex 6. COLOR OR RACE 7. MARRIED NEVER MARRI Whom Divorce		8. DATE OF BIRTH  3 - 20 - 03  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Binder Weeker  HAMIES Lithou		ustry 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  American
	John VALKO		Catherine Formandje
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	). 17. IN	Pts Hospital Record
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to Immediate cause (a), stating the under-	ary	thrombosis Interval Between ONSET AND DEATH I minute
	Iying cause last.   (c)	ATH BUT	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES □ NO →
		CCURRE	RED. (Enter noture of injury in Part I ar Part II af item 18.)
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   Hour o. m.   19   While   Nat while of wark   of wark		PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) factory, street, affice bldg., etc.)
	21. I certify that (1) (this hospital) attended the deceased sow the deceased alive on April 14 1960, and		December 1959, to April 14 , 1960, that (1) (we) lost death occurred at PM, from the couses and on the date stated above.
	Bennet a Vortex fr. in		M.D. ATTENDING MED. STAFF PHYS.   ATTENDING DIRECTOR   PHYS.   ATTENDING   ATT
	Bennet A, Porter Jr.		9301 Colesville Rdy Silver Spring, Md.
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMBER PRINTIAL APRIL 18.1960 ST. MARK		OR CREMATORY 23d. LOCATION (City, town, or county) (State)  CHURCH CEMETERY FAT PLAND MARYLAND
	24. FUNERAL DIRECTOR'S DIGNASURE EY INC. SILVER SPI	RING	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  APR 1 9 '60  Albury 8 House

urs ofter death. Page 4 TO HOSS. OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 are death. Page 4 may be, Sined by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove exponentially propers. Pages 1 and 2 should be filed with the State Board at Health priar to burial, crematian, or removal, and in any event, within 72 hours after death. VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2

## DEPARTMENT OF HEALTH AND RECORDS — BALTIMORE 1, MARYLAND ATE OF DEATH

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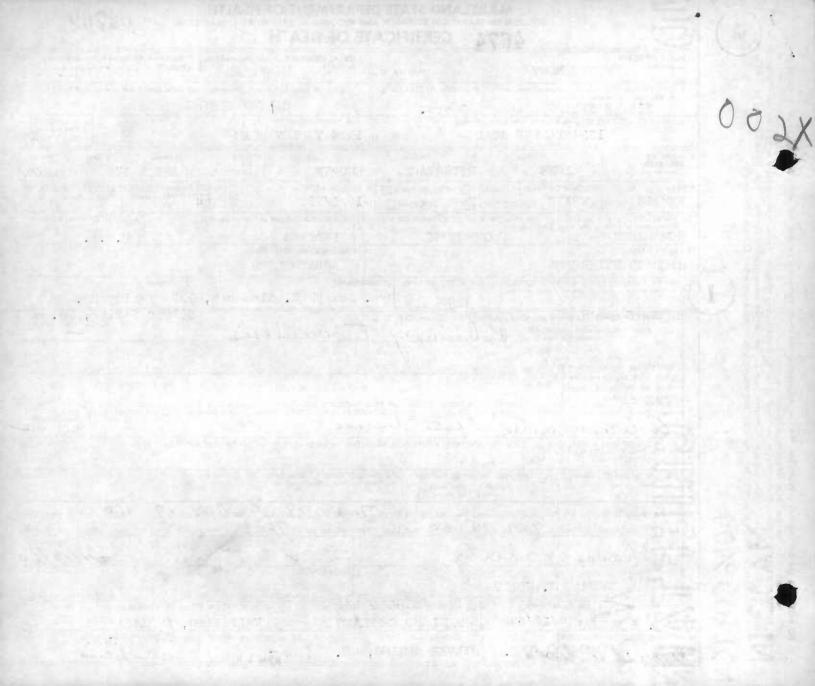
1.	DIVISION O			STATE	
a)	467	74		RTIFIC	
	1. PLACE OF DEATH		1		

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2. USUAL RESIDEN a. STATE	MARYLAND	institution: OUNTY	Residence before admission) MONTGOMERY	

a. COUNTY	MONTGOMERY	MARYLAND	a. STATE	MARY LAND			
RURAL and give r	(If autside carparate limits, write nearest tawn) R SPRING	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If autside carp		RURAL and give n	earest tawn)
	ITAL (tf not in hospital, give street	oddress)	1224 TA	DDRESS ANLEY ROAD			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle UTTERBACK	SHORTZ	4. DATE OF DEATH	Mar AP I	RIL 17	Yeor 19 60
s. sex FEMALE	WHITE WIDOW	ED TK DIVORCED	8. DATE OF BIRT		9. AGE (In years last birthdoy) 84 yrs.	Months Days	R IF UNDER 24 HRS. Haurs Min.
10a. USUAL OCCUPATI during most of wo HOMEMAKER	ION (Give kind of work done 10b rking life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPU		country)	U.S.	OF WHAT COUNTRY?
13. FATHER'S NAME RI CHARD U'	I'TER BACK		-	MAIDEN NAME NELSON			
NO NAS DECEASED EV	ER IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)		Joseph	E. Blomgr	en, 1224		Rd.
Canditians, if a gave rise to cause (a), stating lying cause last.  PART II, OT  OR CONTRIBUTING (IF ETHER, NOTIF)	immediate DUE TO		NOT RELATED TO	O THE TERMINAL DISEA	SE CONDITION GIV	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO 4
	AS UNDERLYING (1) 20b. DES G (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture o	f injury in Part I ar Pa	rt 11 of item 18.}		
20c. TIME OF INJU Haur a. m. p. m.	RY Manth, Day, Year 20d. While at wa	Nat while foo	ACE OF INJURY ( ctary, street, affice	Hame, farm, bldg., etc.)	y ar tawn)	(County	(State)
	at (1) (this hospital) atten- used alive on apri-	15 1960, and that d		GMED	the causes ar		hat (I) (we) last re stated abave. 22b. DATE SIONED
22c. PHYSICIAN'S NAME (Type)	THOMAS J. KELLY		22d. ADDR	DIRECTOR E	PHYS.		1////60
23a. BURIAL, CREMATION REMOVAL (Specify TRANS & BU		23c. NAME OF CEMETERY OF GRACELAND CEM	R CREMATORY ETERY		ARISO, IN		(State)
24. FUNERAL DIRECTOR WANTER E. R.		ADDRESS SILVER SPRING	, MD.	25a. REC'D BY REGIS	TRAR 256. REGI	STRAR'S SIGNATI	

may be added by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 hours after death. TO HOS VR A15 (4) 15M 9/59



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1:4765 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. in PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND Montgomery Maryland Monte. b. CITY OR TOWN III outside corporale limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Chevy Chase Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Hospital YES NO Suburban 4708 Bradley Blvd NAME OF 4. DATE First Middle Month Year DECEASED (Type or print) DEATH April 9. 1960 19 Howard Elmer Skipper 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 3. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Min. Hours WIDOWED | DIVORCED [ 67 yrs. mala 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? Instrument maker GOV. Marvland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (Unknown) Annie Howard E. Skipper 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5616 Wotten Ave. Yes None Howard L. Skopper Chevy Chase, Md - son 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary Occlusion sudden IMMEDIATE CAUSE (o) DUE TO Conditions, If any, which Hypertention vears gave rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? C.V. Pabout four years ago. NO TO 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of Injury in Part 1 or Part II of item 18.) CERTIFI 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc. MEDI While Not while a. m. at work of work p. m. Medi 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry M. and find that death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) Frank J. Broschart April 9 220. BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) REMOVAL (Specify) 0 Parklawn Cemetery Buria 60 Rockville, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Pumphrey Bethesda. DATE APR 1 2 '60 Maryland Cirthur & House 5M 9/55

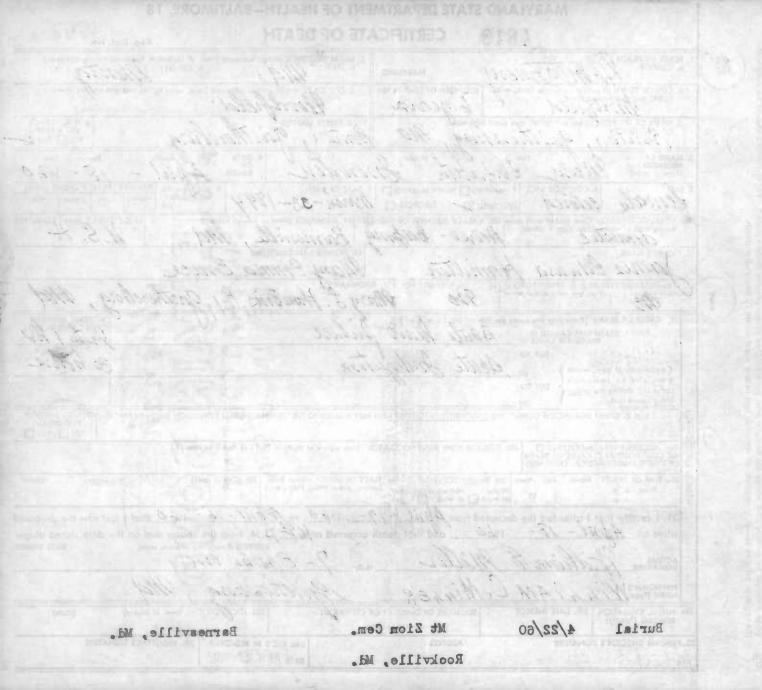
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidence before edmission) y is necessary, I director. Page for your files. a. COUNTY a. STATE b. COUNTY b. CITY OR TOWN (if outlide corporate limits, write RURAL and give neerest town) MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give newest town) for your Board d. NAME OF HOSPITAL OR INSTITUTION (if no IS RESIDENCE ON A FARM? refained he State E YES NO 3. NAME OF DATE DECEASED OF the (Type or print) DEATH with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In y UNDER 1 YEAR last birthovy) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Slata or foreign country) Give Pages 1, 2 dona during most of working life, even if retired) pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Office along with form burial-transit permit. File 17. INFORMANT 16. SOCIAL SECURITY NO. Address in pencil in Item 18. (Yes, no, or unkown) | (If yes give wer or deles of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN E ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) DUE TO geve rise to immediate cause "pending" DUE TO (a), stating the undarlying Examiner couse last. nsed PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY REORMED? the word CERTIFICA NO Medical 0 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury In Part I or Pert II of item 18.) shoul 6 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. ease execute the certificate, writing Chief 3 20c. TIME OF INJURY Month, Day, Yeer 2Dd, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (Stete) Page factory, street, offica bldg., atc.) While Not While Hour a.m. et work should be forwarded to the FUNERAL DIRECTOR: P. at work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry & and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide [ Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Addrass (Streat, city, town, or county) 22c. NAME OF CEMETER 22a, BURIAL, CREMATION 22d. LOCATION (City, town, or country) (State DE REMOVAL (Spacify) Ö D40 60 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME APR 1 8 '60 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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TO FUNERAL DIRECTOR:

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4676 CERTIFICATE OF DEATH Reg. Dist. No. director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed MARYLAND funeral CITY OR TOWN (If autside carporate limits, write c. CLTY OR TOWN c. LENGTH OF STAY IN 16 autside carporate limits, write RURAL and give nearest tawn) pe RURAL and give nearest take should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREE e. IS RESIDENCE 12 p YES NO NAME OF 4. DATE Middle Last Manth filled DECEASED DEATH (Type or print) 9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED TO last, birthday) Months Days Haurs WIDOWED DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) ond 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address attending 18. CAUSE OF DEATH | Enter only one cause per line for (6), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH 1 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gned gave rise to immediate DUE TO cause (a), stating the underhas been si lying cause last **burial-transit** physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY remaval, PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter native of injury in Part Par Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ certificate OR CONTRIBUTING | CAUSE OF DEATH ö (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, 20f. (City ar tawn) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a, m While Not while at wark at wark p. m 21. I certify that, Jattended the deceased fram that I last saw the deceased and that death accurred at // fram the causes and an the date stated above. alive an DATE SIGNED ADDRESS (Street, city or town, state) DIRECT ACTUAL shauld PHYSICIAN'S O FUNERAL NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) he emete 23. FUNERAL DIRECTOR'S SIGN. ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) anthun & Kings 15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. 215 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Montgomery files. Heolth, MARYLAND b. CITY OR TOWN (If outside carporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negres! town! Store Board of h director. Bethesda (Rural) 4 hours Falls Church d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? U.S. Naval Hospital, Bethesda, Md. 2433 Holmes Run Drive YES NO Stole NAME OF Month Yeor DECEASED (Type or print) Jan Frederick STOKES DEATH 1960 April 2 9. AGE (In years with 1 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. 5 moy 2 with fast birthday) Days Hours Min. Male White DIVORCED T WIDOWED [ ive Poges 1, 2, one form PM3. Poge 5 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S. Air Force U.S. Government New York U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carl F. STOKES Sylvia LARSON 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. or dates of service) With Yes Official Hospital Records 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute pyelonephritis IMMEDIATE CAUSE (o) DUE TO 3rd degree burns (40 % of body) Conditions, if ony, which 6 wks gove rise to immediate couse **DUE TO** (o), stating the underlying couse lost 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? edical YES PC NO I 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) Was lighting charcoal fire with gasoline (gas exploded) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Slole) Sh factory, street, office bldg., etc.) Not while ന p. m. February 201960 ork of work & Home Falls Church Fairfax 21. 1 certify that I took charge of the remains described above, held an Autopsy K., Inspection ., Inquiry ... forwarded ! opinion death resulted from: Natural causes , Accident X, Suicide . Homicide . Undetermined manner FUNERAL DIRECT IT ITS designoted of DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S Frank J. Broschart DEPUTY MEDICAL EXAMINER DO 4-3-60 NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 4-6-60 40 Burial Arlington National Arlington, Virginia 23. FUNERAL DISPCTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR Orthur S. Henry VS. A15ME '60 W.W.Chambers 3072 M St.NW.Washington, D.C. DATE APR 5 5M 2/57

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director, filed with	M	PLACE OF DEATH o. COUNTY Montgomery Maryland  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick
funeral Id be f		b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b Utica Thurmont—rural
by the	X	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION HOME OF SON 16 20 Parks  d. STREET ADDRESS  ON A FARM? YES NO
filled Fa		3. NAME OF DECEASED (Type or print) Effic Irane Stottlemyer   4. DATE Month Of Death April 21 1960
Po Po		5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lost girthdoy)   Months   Days   Hours   Min.
d completed on popers.	:	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife  Own Home  11. BIRTHPLACE (Stote or foreign country)  Waryland  12. CITIZEN OF WHAT COUNTRY?  U.S.A.
n and arbon	<u> </u>	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
physicia emave co		Richard Harper Phoebe Craver
nding phy		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  Franklin Stottlemyer  Silver Spring. Mc
not the attency the attency. Then plea		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Organizative heart failure  DUE TO  Conditions, if any, which )  (b) Willing Sclerolie heart disease and 10 ms.
signed life permit		Conditions, if any, which gove rise to immediate coese (a), stoting the under-lying course last.  (b) Willio & Clerolice Meant disease and fours.  (c) Macrocytic anemia  (c) Macrocytic anemia
physicic pas been ial-trans		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO IT
tending ficate bur		20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. SESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.)
ol or of this cert r use os		20c. TIME OF INJURY Month, Day, Year Not Injury OCCURRED While Not while at work of wo
ad by the haspii RECTOR: After be detached fo		21. I certify that I attended the deceased from function, 1953, to pril 21, 1960, that I last sow the deceased olive on spril 20, 1960, and that death occurred at 1111 M. M. from the causes and on the date stated above.  ACTUAL SIGNATURE AMURE M Bageaut M.D.  21. I certify that I ottended the deceased from function and the deceased olive above.  ADDRESS (Street, city or town, state)  DATE SIGNATURE  SIGNATURE
ERAL DI 3 should		PHYSICIAN'S SAMUEL M. BAGEANT WASHINGTON, D.C.
ige Fun	Ď	22c. BURIAL, CREMATION,   22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or county)   2
VS A15 (4)	R	23 JUNERAL DIRECTOR'S SIGNATURE ADDRESS  ADDRESS  ADDRESS  ADDRESS  240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 2 5 '60 Cuthun S. Knows
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	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
	Montgomery MARYLAND	Washington DC.
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Whenton Imo.	Washington 4/x-3
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	Wheaton Ausing Anne	Hot 103 1760 Fuelia St. YES NOW
3.	NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) Elizanoth M.	Sweener DEATH April 25 1960
S. 5	6. COLOR OR RACE 7. MARKIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Femalo White WIDOWED DIVORCED	Sport 13 1878   lost birthdoy)   Months Days Hours Min.
100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI	STRY M. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if refired)	Mariland
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	James N Bossell	Mary Ellen Hall
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address
	no or unknown) (If yes, give war or dates of service) 577-18-5712	11. A Comme
_		eien U. Sweeney Same
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
4	IMMEDIATE CAUSE (o) LEFE BY	oscular Accident 9 Mours
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	Conditions, if ony, which gove rise to immediate (b)	
	couse (a), stoting the under-	
7	lying couse lost. (c)	
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
ICA.	Conges Ive Heart to	YES NO W
CERTIF	20a. ACCIDENT WAS UNDERLYING   70P. CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
CAL		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
MEDIC.	Hour o.m. While Not while for p, m. 19 of work □ of work □	ctory, street, office bldg., etc.)
	21. I certify that I attended the deceased from March 2.	1960 to April 25 1960 that I last saw the deceased
	H	The second of th
	drive dri za	a accurred at 7:30PM, from the causes and an the date stated abave  ADDRESS (Street, city or town, state)  DATE SIGNED
7	ACTUAL ST. D. CO.	MUST HOSE OF JETP ANI WORK
	SIGNATURE MANAGE RESEARCH	M.D. FTAB TIS PUNCONTO INSTITUTE 172910
	PHYSICIAN'S NAME (Type) Stuart L. Nelson	
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
E	REMOVAL (Specify) 4/28/60 Cedar Hill	Cemetery Prince Georges County, Md.
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 290/	24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
7	fel S. H. Himes Co. St. n. W. War	2/2. O.C. DATE APR 27'60 Cilling S. Hinns

TO HOS.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 prs after death. Page 4 may be related by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with within 72 hours after death. the registrar priar to burial, crematian, ar remaval,

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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may be reserved by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours ofter death.

OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 h

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s after death. Page 4

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1.	PLACE OF DEATH o. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYL	re deceased lived. If institution: Residence b b. COUNTY MONT	efore admission) 'GOMERY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give peores town) NG	c. LENGTH OF STAY IN 16	20	tside corporate limits, write RURAL and give R SPRING	nearest town)
K	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 11,010 CONE LAN		d. STREET ADDRESS	ONE LANE	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASED (Type or print)  WILLIAM	Middle THOMAS	TAFF	4. DATE Month OF DEATH APRIL 1	Day Year .7 19 60
5	SEX 6. COLOR OR RACE 7. MAR WHITE WIDOW	THE	B. DATE OF BIRTH OCTOBER 1, 189	8 lost birthdoy) Months Doy	
	o. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)  Oliceman (retired)	KIND OF BUSINESS OR INDUS		"	U.S.A.
	R. FATHER'S NAME DWARD TAFF	mins 54	14. MOTHER'S MAIDEN NA LUVENE		
	res, no, or unknown)   (If yes, give wor or dates of service)		FORMANT s. Gladys H. T	aff, 11,010 Cone Lan	е
140	Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART 1(c	o) 19. WAS AUTOPSY PERFORMED?
MOITADISTER		CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Pa	ort I or Port II of item 18.)	YES NO
A CEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. Hour o. m. 19 While of wo	Not while fo	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)		nty) (Stote)
	21. I certify that (I) (this haspital) attensaw the deceased alive on March 2	ded the deceased fram	Jan - 2 1 196 leath accurred at 26 A	M, from the causes and an the d	
	220. SIGNATURE ANTITY			D. STAFF 4/1	7/6 0 SIGNED
	22c. PHYSICIAN'S NAME (Type) A. W. SMITH			RCIA AUE SILVER S	PRING, MD
2	BURNAL (Specify) 4/20/60	23c. NAME OF CEMETERY C		23d. LOCATION (City, town, or county) Prince Geo. County,	(Stote) Maryland
2	FUNERAL DIRECTOR'S SIGNATURE TINCE	SILVER SPRING	G, MD. 250. RECT	PRY REGISTRAN'S, SIGNA	ARREA

Dr. Broschant notified and approved.

authority 542.

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decessed lived, If Institution; Residence before edmission) is net.

director. Pa
vour files.

Health, e. COUNTY a. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN atside corporate limits, write RURAL and give newest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give et eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle DECEASED OF (Type or print) DEATH 1960 Yeers | IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF 9. AGE (In years last by hdey) IF UNDER 24 HRS. Months DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life; even if retirad) pages HER'S NAME 14. MOTHER'S MAIDEN NAME U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. or unkown) | (Ifyesgive weror detes of service) with 1B. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: " in pencil IMMEDIATE CAUSE (e) DUE TO burial Conditions, if any, which gave rise to immediata ceusa DUE TO (a), stating the undarlying causa last. used ion, o PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 39. WAS AUTOPSY CERTIFICATION PERFORMED? 2 NO pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. e 3 MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ! Month, Dey, Yeer 20f. (City or town) (County) (State) factory, streat, office bldg., atc.) 50 While Not While 0 Hour e.m. at work | et work prior CTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection . Inquiry SC and in my opinion 0 death resulted from: Natural causes Accident Suicide Homicide Undetermined manner DIRE forwar CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED SIGNATURE execute DEPUTY MEDICAL EXAMINER EXAMINER'S should FUNE NAME (Typa) Address (Street, city, Iown, or county) 228. BURIAL, CREMATION, 22b. 22d. LOCATION (City, town, or country) (Steta) REMOVAL (Specify) Q 4 0 REC'D BY REGIS VS. A15ME 5M 7/59 DATE

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### Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH HEALTH DEP 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) y is necessary, e. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest lown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle DECEASED OF DEATH (Type or print) 1960 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR lest birthdey) | Months | Days IF UNDER 24 HRS. DATE OF BIRTH 2 wit Days Hours DIVORCED WIDOWED thin 24 hours afte Give Pages 1, 2, orm PM3, Page 5 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? dong during most of working life, even if retired) Cularons anteslugalo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, ho, or unkown) | (If yes give wer or dates of service) Office along with for burial-transit permit movel, and in any e in pencil in Item 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO removal, certificate should rd "pending" in Conditions, if eny, which gave rise to immediate cause 60 DUE TO (e), steting the underlying Examiner 88 cause lest. nsed PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 2 cremat the word NO pluods 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. the certificate, writing Chief Month, Dey, Year 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, form, 2Df. (City or town) (County) (Stata) fectory, street, office bldg., atc.) While Not While Hour a.m. to the al work et work prior should be forwarded to the FUNERAL DIRECTOR: Inspection 7 21. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry X and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE designa DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 9329 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY DE 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 0 P40 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Frank 5M 7/59 9 '60

STATE DEPARTMENT OF HEALTH

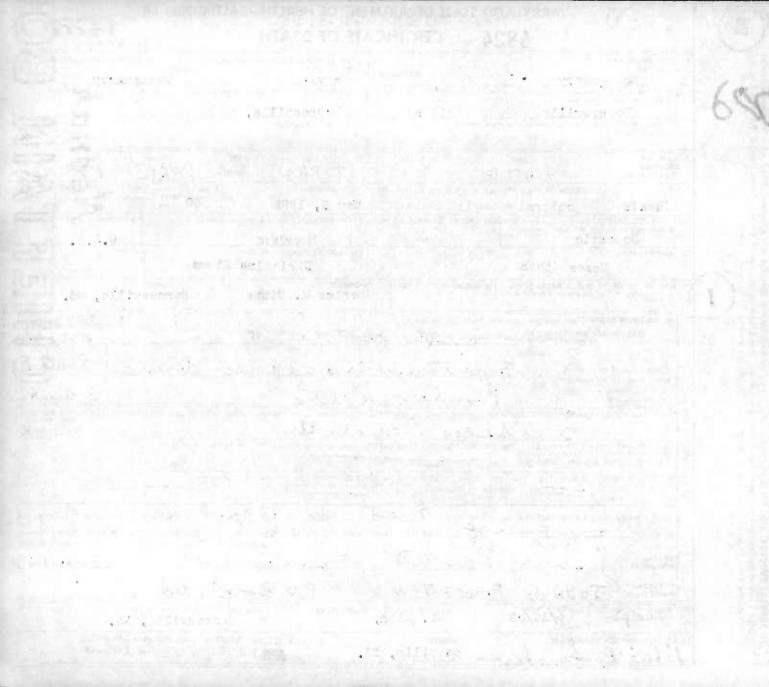
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5 TO HOS . OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 urs offer death. Page 4	FUNE	page 3 should be detoched for use as the burial-transit permit. Then please remove carbon pape the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs ofter death.
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15/	A15 (	4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
LAS LA CERTIFICATE OF DEATH

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	40%	4 CERTIFICA	AIL OI DEA			Reg. Dist. I	No.
1. PLACE OF DEATH a. COUNTY  Monte	omery	MARYLAND	2. USUAL RESIDENCE o. STATE Maryland	(Where deceased	b. COUNTY	n: Residence b	
b. CITY OR TOWN (If RURAL and give ne	outside corporate limits, write arest lawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN				
	OSVILLO AL (If not in hospitol, give stre		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	HATT I	Middle	TiBBS	4. DATE OF DEATH	APRI	h L /	Day Yeor 1960
S. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years		AR IF UNDER 24 HRS.
female	colored wipo	WED DIVORCED	May 9, 189	9	lost birthdoy) 60 yrs.	Manths Doy	rs Haurs Min.
0a. USUAL OCCUPATIO during mast of wark Domes	ing life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SI		ountry)		OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDE	EN NAME	1 20 1		
M	oses Tibbs		Chri	stine S:	imms		
	R IN U. S. ARMED FORCES? If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	Charles R. I	libbs	Barne	sville	, Md.
Conditions, if on gave rise ta in cause (a), stoting the lying cause lost.	mediate DUE TO (c)  ER SIGNIFICANT CONDITION	ypertensing sometime but a scoribe how injury occurrence.	ellittes		E CONDITION GIVE	EN IN PART 1(c	3 week  3 was autopsy PERFORMED? YES NO
	CAUSE OF DEATH				4		
20c. TIME OF INJURY Have a. m. p. m.	Whi		ACE OF INJURY (Home, actory, street, office bldg.,	form, 20f. (City etc.)	ar tawn)	(Caun	ity) (State)
21. I certify the alive an	of I attended the dece	110	, 1948, to a cocurred at <b>(0)</b>	MAM, from		d on the de	aw the deceased ate stated above DATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF 4/16/60	22c. NAME OF CEMETERY C	DR CREMATORY		TION (City, town, a		(State)
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS Rockert 11e M		REC'D BY REGIST		TRAR'S SIGNA	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. I director, filed with PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND Comer erol be fi b. CITY OR TOWN (If outside corporate limits, write RUBAL and give neares) town c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If quiside corporate limits, write RURAL and give regurest town) P Aquasco om d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? P 22 YES NO pup ... NAME OF 4. DATE Day Month Year filled DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Days Hours WIDOWED [ DIVORCED comple USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mgk) of working life, even if retired) puo 0 rne V-110 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending physicion please remove control to within 72, hours or 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMA 16. SOCIAL SECURITY NO Address 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO Conditions, if ony, which gove rise to immediate DUE TO ub couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P buriol 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. Chat I last saw the deceased 21. I certify that | attended the deceased from 0 alive an and that death accurred at M, fram the causes and an the date stated above. DIRECT ACTUAL SIGNATURE 3 should PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) arthur & Krans '60 DATE APR 15M 9/5B

death. Page

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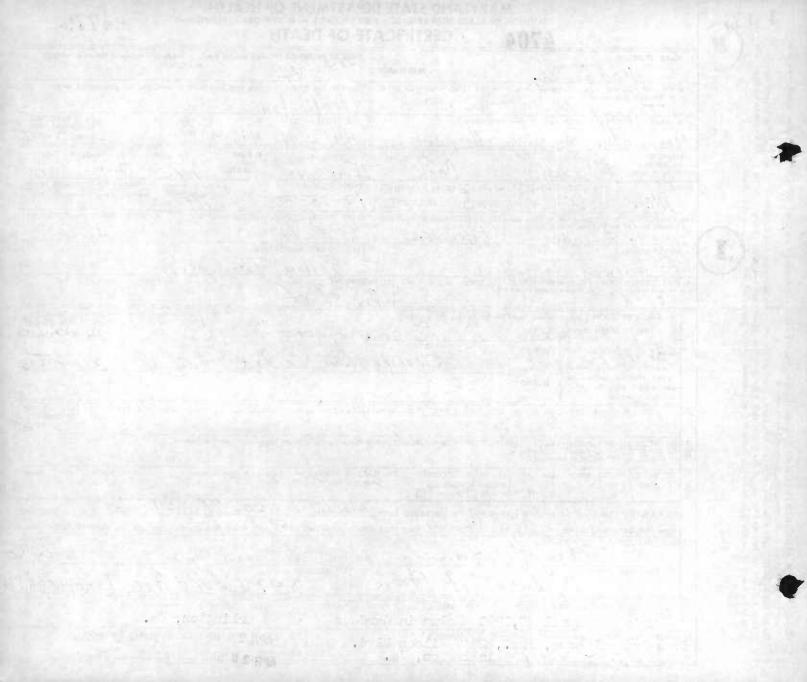
## MARYLAND STATE DEPARTMENT OF HEALTH

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o. COUNTY MONT GO	neku.	MARY	il	USUAL RESIDENCE (	Where deceased	b. COUNTY	n: Residence be	efore admission)
b. CITY OR TOWN (If outside of RURAL and give nearest low	corporole limits, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (I	f outside corpore	ote limits, write RU	RAL ond give n	nearest town)
d. NAME OF HOSPITAL (IF not	in hospitol, give street	11 211		d. STREET ADDRESS	11.4	00	0	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED	First	HOSPITAL.		Lost	4. DATE OF DEATH	Month	h _ [	Day Yeor
S. SEX (6. COLC	OR OR RACE 7. MARR	IED MEVER MARRIE  DIVORCEI	_ /	MPKINS ATE OF BIRTH 2-25-80		9. AGE (In yeors lost birthdoy) yrs.	IF UNDER 1 YEA	AR IF UNDER 24 HRS s Hours Min.
00. USUAL OCCUPATION (Give during most of working life, e	ven if retired)	KIND OF BUSINESS O		W. VA		untry)		OF WHAT COUNTRY
BEVERLY R.	Tomokin	5		SALLE	Thon	nason		
S. WAS DECEASED EVER IN U. S (Yes, no. or unknown) (If yes, give	ARMED FORCES? 16.	SOCIAL SECURITY NO	17. INFOR	chart		// Addre	ess	
18. CAUSE OF DEATH [Enter PART I, DEATH WAS IMMEDIA		ne for (o), (b), and (t).	eun	cornia-	Vira	el		NTERVAL BETWEEN NSET AND DEATH
434.2 Conditions, if ony, which gove rise to immediate	DUE TO	Con	ges	tive Car	deac	Failur	0	3 month
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OR CONTRIBUTING   CAUS	E OF DEATH EXAMINER)							
20c. TIME OF INJURY Month Hour o. m. p. m.	Doy, Year 20d. II While ot wor	NJURY OCCURRED  Not while  t ot work	20e. PLACE foctory	OF INJURY (Home, fo street, office bldg.,	etc.)	or town)	(Count	ty) (Stote
21. I certify that (I) (the saw the deceased oliv	F 1 1 91.		110111	-100	19 60 to 6	the couses and	-	that (I) (we) las
220. SIGNATURE	bertas	Hare.	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	Pobert	-A. Ha	eve	22d. ADDRESS	09 D4	ruz's A	ve. Ta	Koma PK.
DEMOVAL (Specify)	DATE THEREOF oril 28,1960	23c. NAME OF CEM				ngton, Va	.,	(Stote)
Ives Funeral Ho	ome, Inc.,	2847 Wilson	Blvd.	25a. RI	ECIDIA MEGIZI		TRAR'S SIGNA	

TO HOSP/ OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in 18 ofter death. Page may be remoined by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death. VR A1S (4) 15M 9/59

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TO HOS

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
LETTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY Montgo	omery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary)	1 (01)		
b. CITY OR TOWN (If outside RURAL ond give neorest to Silver Spring	wn)	c. LENGTH OF STAY IN 16 2 yrs.	c. CITY OR TOWN (If o	outside corporote limits, wr	ite RURAL ond give	nearest town)
d. NAME OF HOSPITAL (IF IN OR INSTITUTION 9839 Cherry	_	oddress)	d. STREET ADDRESS 9839 Cher:	ry Tree Lane		e. IS RESIDENCE ON A FARM? YES NO IS
3. NAME OF DECEASED (Type or print) ROSE	First E LILLIAN TO	Middle WNSEND	Last	4. DATE OF DEATH Apri	Month 1 1, 1960	Day Yeor
	LOR OR RACE 7. MARI		B. DATE OF BIRTH April 21, 187	9. AGE (In your part birtho	ears IF UNDER 1 YE oy) Months Day yrs.	AR IF UNDER 24 HRS.  rs Hours Min.
10a. USUAL OCCUPATION (Giv during most of working life Housewife (re	, even if retired)				12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME Theodore Stra	adley		Gertrude C			
1S. WAS DECEASED EVER IN U. (Yes, no, or unknown) (If yes, gi	S. ARMED FORCES? 16.		ohn Townsend,	9839 Cherry	Address Tree Lan	Spring, Marker, Silver
Conditions, if ony, wh gove rise to immedicouse (o), stoting the unclying couse lost.	ote DUE TO	rterioscleration of the state o	nous	MAL DISEASE CONDITION	N GIVEN IN PART 1(c	3 years  19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIG		CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I			
20c. TIME OF INJURY More Hour o. m. p. m.	While		ctory, street, office bldg., etc		(Coun	(51016)
saw the deceased al 220. SIGNATURE		ded the deceased fram 7_1960, and that a	ATTENDING _ M	ED. STAFF PHYS.	s and an the do	
- :	on H. Traum	23c. NAME OF CEMETERY C	filver,	Apring 1	nde	(State)
REMOVAL (Specify)	pril 5 1960	Mingo Cemet	ery 25a. REC'	Mingo, Wash		ounty, Pa.

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		MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
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Poge Wift	1.	PLACE OF DEATH  o. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before odd o. STATE  b. COUNTY  b. COUNTY	mission)
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( a ) e		b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) a C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) a C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) a c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) a c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) a c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) a c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) a c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) a c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) a c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) a c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) a c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) a c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) a c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) a c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) a c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) a c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) a c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) a c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) a c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) a c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) a c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) a c. CITY OR TOWN (If outside corporate limits) a c. CITY OR TOWN (If outside corporate limits) a c. CITY OR TOWN (If outside corporate limits) a c. CITY OR TOWN (If outside corporate limits) a c. CITY OR TOWN	lawn)
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5 20 074		OR INSTITUTION	RESIDENCE N A FARM?
oud puo	3.	NAME OF First Middle Lost 4. DATE Month Day	Yeor
filled ges 1		(Type or print) BANY BOY IREXLER DEATH APRIL 17	19 60
vithin 2 ely fiille Pages	5. 5	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. ACE (In years   IF UNDER 1 YEAR IF UI lost birthday) Months Days Hou	
ers.	-	WIDOWED DIVORCED Apr. (17, 1960 yr.)	2 47
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on ond carbon after de	13.	3. FATHER'S NAME	7
		JUHN PETER TREXLER VIRGINIA RUTH HANILTO	
g physici remave 22 hours	15.	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address	70
	1	(If yes, give war or dates of service)  FATH EN	
ottending n please ry within 72		CAISET A	L BETWEEN ND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	NO DEATH
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es #		Conditions, if any, which gave rise to immediate (b) Interstitut pregnancy	
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sician.	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION SIVEN IN PART 1(0) 19. W.	AS AUTOPSY
The long physical properties of the physical phy	3	S YES	RFORMED?
IAN: T ending ficate t ficate t the bur	CERTIFI	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH OF CONTR	
r aff	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Lotted to the control of the control o	(State)
PH)	MED	Hour o. m. While Not while foctory, street, office bldg., efc.) p. m. 19 of work of work	
ospilos frer frer od fo		21. I certify that I attended the deceased from 4/12, 1960, to 4/12, 1960, that I last saw the	he deceased
R: A he h		alive on, 19_63, and that death occurred at 5 33 M, from the causes and an the date st	
A ATT dd by tectoo		ACTUAL SIGNATURE DE PRANTILIS ALAGO MO. 4436 Ment all - Betty V. S.d.	DATE SIGNED
ould line			
OSEAL DINERAL Be 3 should registror	-	PHYSICIAN'S DERANKLIN HODGE NO BETHESDA 17D	
HOS may b FUNI Page (	210	REMOVAL (Specify)	Stote)
5 E 5 8 E	23.	3_FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE	ZOH - ID
VS A1S (4)	5	seburban Hospital 8600HGastown & DATE Hapt 21060 allows & House	(2011) 681
noss		20743/2XVoBethesda Mo	

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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4	4	9		(		-
1	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 jurs offer death. Page 4	1	RAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by the funeral director,	should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 shauld be filed with	1	
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1	ő	rerained by the hospital or attending physician.	LAL DIR	should b	stror prior ta buriol, cremotion, ar removal, and in any event within 72 hours ofter death.	

VS A15 (4) 15M 9/58 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4826 CERTIFICATE OF DEATH

Reg. Dist. No.

		TOR	CERTIFICA	ATE OF DEAT	ın		Reg. Dist. N	lo.	
o. COUNTY				2. USUAL RESIDENCE (	Where deceased	lived. If institution b. COUNTY	n: Residence be	efore admis	ision)
2.7	gomerv		MARYLAND		rland	B. COUNTY	Freder	ick	
b. CITY OR TOWN (I	f outside corporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corpore	ote limits, write R	URAL and give I	nearest tow	m)
RURAL and give no	ACCOUNT OF THE PARTY OF THE PAR		1 day&18 Hrs.	New	Market		10	x-2	
d. NAME OF HOSPIT	AL (If not in hospital, g	give street	address)	d. STREET ADDRESS			7	e. IS RE	SIDENCE
OR INSTITUTION Subu	rban Hospit	tal		No	ne				A FARM?
NAME OF	Fir		Middle	Last	4. DATE	Mon	th	Day	Year
(Type or print)	Mauri	ce	Frankling	Trittipoe	OF DEATH	Apr	11	16	19 6
. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	- 1	9. AGE (In years	IF UNDER 1 YEA	AR IF UND	
Male	White	WIDOWE		5-15-14	R. D. U.	lost birthday) 45 yrs.	Months Day	s Haurs	Min.
Da. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	ate or foreign cor	untry)	12. CITIZEN	OF WHAT	COUNTRY
Truck Dr			Hauling	Virgi	nia		U.	S.A.	
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
William	M. Tritti	poe		Nora M	. Titus				
. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? H	SOCIALISECHERA NO.	NFORMANT		Addr	ess		
Yes	W.W. II			Carrie Tritt	inon	Nov	Market.	Marri	hand
			ne for (o), (b), and (c).]	Oddine Hite	Type	ALCH		NTERVAL B	
	TH WAS CAUSED BY:	Jose per III	ic ioi (o), (o), olid (c).]				, , 0	NSET AND	DEATH
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lying couse lost.	) (c								
PART II. OTH	IER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1(o)	PERF	AUTOPSY ORMED?
20a. ACCIDENT WA	S LINIDEDIVING T	Jan Dec	COURT HOW IN ILLIANY OCCURRE	D /5-4	in Post I on Post	II of item IR )		152 5	NOL
OR CONTRIBUTING	CAUSE OF DEATH	20D. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter nature at Injury	in roll of roll	ir or ment to.)			
20c. TIME OF INJUR Hour o. m.	Y Month, Day, Ye	or 20d. IN	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fo	orm, 20f. (City	or town)	(Count	(v)	(State
Hour o. m.	19	While	Not while for	ctory, street, office bldg.,	etc.)		,	,,	,
p. m.	17	at war	t ot wark		0	12			
21. I certify th	at I attended the	deceas	ed from Upul	17, 1960, to 0	Spril	16, 1900,	that I last so	aw the	decease
alive on a	sil 15	. 19	60, and that death	accurred at 7	4 M. fram t	the causes an			
A		6 0				reet, city or town,			TE SIGNE
ACTUAL SIGNATURE	(x) owell	lik ,	trules to	40 809 L	Peirs Is	niel R	0.	4/1	6/6
3101471080 77	V-	, ,	6 11	M.D.	0	4 4			1-1-50
PHYSICIAN'S NAME (Type)	- Bowd	itch	Hunter	Tr. Po	ckvi (	le, m	O.	÷-	
20. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREC	OF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATI	ION (City, tawn, o	or county)	(Sta	ite)
Burial	4/19/6	50	Union Cemet	erv	Lees	shurg. Vi	irginia	Lie.	
3. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		EC'D BY REGISTR	RAR 24b. REGIS	STRAR'S SIGNAT	TURE	
M. R. Etc	hison& Son	: Fre	ederick. Marvla	and DATE	PR 1 9 '60	Ciri	hun S. Kra	uA	
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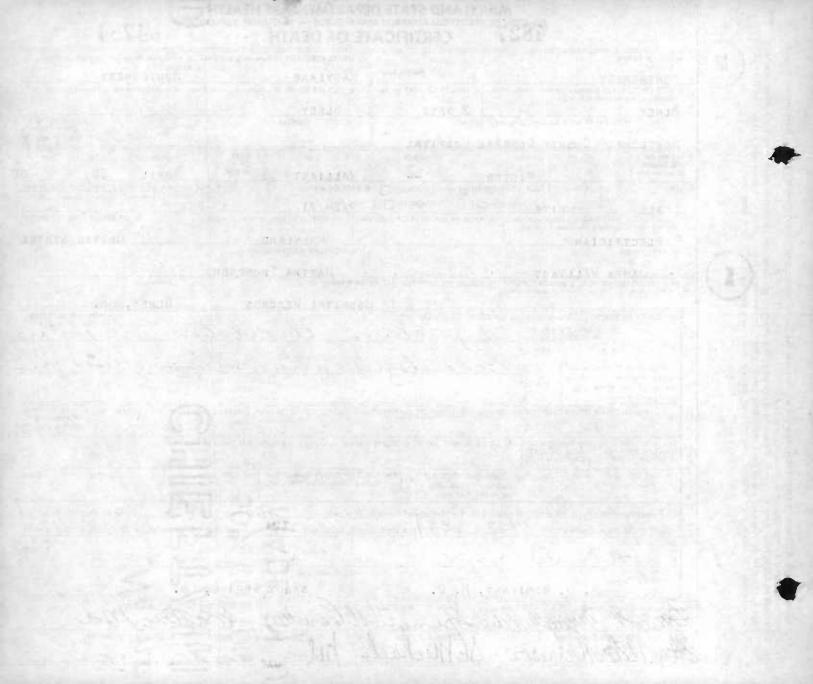
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VR A15 (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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PLACE OF DEATH					USUAL RESIDENCE (Va. STATE	Vhere deceased	lived. If institution b. COUNTY	an: Residence be	fare adm	issian)
MONTGOMER	Y		MAR	YLAND	ARYLAND			TGOMERY		
b. CITY OR TOWN RURAL and give	(If autside carporate lim nearest tawn)	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	autside carpo	rate limits, write R	URAL and give r	earest ta	wn)
OLNEY			2 DAYS		OLNEY				10.00	
OR INSTITUTION	ITAL (If not in hospital, (			. 1	d. STREET ADDRESS				ON	A FARM?
	LY COUNTY GI					To some			-	
. NAME OF DECEASED (Type or print)	Fi	rst I C T O R	Middle		last JALLIANT	4. DATE OF DEATH	APR		Day O	Year 19 6
. SEX	6. COLOR OR RACE		RIED X NEVER MARRI		ATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE		
			-				last birthday)	Months Day	Hour	Min.
MALE	WHITE	WIDOW			9/24/71		88 yrs.	lan aurien		
Oa. USUAL OCCUPAT	ION (Give kind af wark rking life, even if retired	dane 10b.	KIND OF BUSINESS O	OR INDUSTRY	11. BIRTHPLACE (State	te ar fareign c	ountry)	12. CITIZEN	OF WHAT	COUNTRY?
_		'			MARYLA	ND		11M 13	TED S	TATES
3. FATHER'S NAME	LIAN			1.	I. MOTHER'S MAIDEN		25-V-0-7-1	VIII		
	VALLIANT				MARTHA	THOMPSO				
5. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	). 17. INFOR	MANT		Add	ress		
ites, no, or unknown;	fir yes, give war or agres or	service)		Un	Dea		0.	HEN ME		
1					SPITAL REC	ORDS	UL	NEY, MD		
	ATH [Enter anly one co	ouse per li	ne far (a), (b), and (c)	1,	-11	F 19 E	20 H			BETWEEN ID DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	7) .4	Chr Al	1.29 4.	2 total	marly ?	· testing	7(21)	100	thay?
1332	X DUE TO	7	00							//
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gave rise to cause (a), stating		)		(2)					0	/
lying cause last		c)								
PART II. O	THER SIGNIFICANT CON		CONTRIBUTING TO DE	ATH BUT NO	RELATED TO THE TER	MINAL DISEAS	F CONDITION GIV	EN IN PART 1(a	19. WA	SAUTOPSY
PART II. O	TER STOTAL CALL COL	DINOI13	COLVINIDATIVO TO DE	201110	I KE WILL TO THE TEK		2 20112111011 011	211111111111111111111111111111111111111	PERI	ORMED?
									YES [	] NO []
20a. ACCIDENT WORK CONTRIBUTION	AS UNDERLYING A GAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	OCCURRED. (E	nter nature of injury i	n Part 1 ar Par	t 11 of item 1B.)			
20c. TIME OF INJU	IRY Manth, Day, Ye	or 204 I	NJURY OCCURRED	20e PLACE	OF INJURY (Hame, fa	rm 20f (City	ar town)	(Caun	lv1	(State)
20c. TIME OF INJU		While			street, affice bldg., e		di lowiij	(60011	71	(31010)
p. m.	19	ot wa								
no I an Alfra Al-	-A /IV /Abia bassita	11 -44	d	S 6	/3/ 1	9/20 ta_	11/30	19/c.E.	that //	Innal Inni
21. I certify in	at (1) (this haspita	griend	1		7		, ,		, ,	
saw the dece	used alive an	1 43 13	194-2, and	that deat	h accurred a	M, fram	the causes ar	d an the do	ite state	ed abave.
22a. SIGNATURE					2					22b. DATE SIGNED
1	. D. O.		44	M.D.		MED. DIRECTOR	STAFF PHYS.			SIGNED
22c. PHYSICIAN'S		1				DIRECTOR [	.,,,,,			
NAME (Type)	A. D. BON	IFANT	. M. D.			Y SPRII	NG, MD.			
30 PRIDIAL CREMATI	ONN 22h DATE THERE	OF	Tar WALL OF CEL	AETERY OF C	EMATAD .	234 LOCA	MON (City town	or college	15	total
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Surial Special Surial S	R'S SIGNATURE	110	ADDRESS	1	, 40000	C'D BY REGIS	TRAR 25b, REGI	STRAR'S SIGNA	TURE	
22c. PHYSICIAN'S NAME (Type)	ON: 236. DATE THERE	OF	23c. NAME OF CEA	AETERY OF G		23d. LOCA	NG, MD.	or county)	1 (5)	tate)



h	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  Item 4 Film G262 5/4/60 iwk
W	05 01	CERTIFICATÉ OF DEATH  Reg. Dist. No.
Page	director with	1. PLACE OF DEATH o. COUNTY Montgomery  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery
death.	funeral blad be fi	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Kensington  c. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda
irs after	2 sho	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Kensington Gardens Rest Home  d. STREET ADDRESS ON A FARMS YES NOTE O
24	filled in b	3. NAME OF DECEASED First Middle Lost 4. DATE Manth Day Year OF April 21, 1960 19
d within	Po	S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lost birthday)   Months   Nov. 19, 1868   91 yrs.   1868   92   1868   92   1868   93   1868   94   1868   94   1868   95   1868   95   1868   95   1868   96   1868
execute	nd cample on papers. death.	10a. USUAL OCCUPATION (Give kind of work done of the loss of line) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Census Bureau Retired-U.S. Govt Michigan USA
ate be	an a carbo after	13. FATHER'S NAME  Unknown  14. MOTHER'S MAIDEN NAME  Unknown
certific	ng physici remave 72 haurs	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Grand-son Address No. or unknown)  No.   (If yes, give wor or dotes of service)   None   J. D. Libbey, 10908 N. H. Ave. Silver Spring, Md
requires that the dea	n signed by the attending nsit permit. Then please rand in any event within 72	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gove rise to immediate cause (a), stating the under-lying couse lost.  (b)  AVENIOSCIENOSIS, GENEVALISED  DUE TO  Lying couse lost.
: The law	burial-tran	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED. (Enternoture of injury in Port I or Port II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  URL EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN of or offend	his certificate use as the ematian, ar	OR CONTRIBUTING CAUSE OF DEATH  VIFEITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING CAUSE OF DEATH  VIFEITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING CAUSE OF DEATH  VIFEITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING  OR
TENDING the hospite	OR: After t etached far burial, cri	21. I certify that I attended the deceased fram. 1950, to April 21., 1960 that I last saw the deceased alive an April 21., 1960, and that death accurred at 7550 M, fram the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED
OR AT	RAL DIRECT	PHYSICIAN'S STEWART Clapp Wash. 15 D.C.
HOSP May be	TO FUNE page 3 the regi	Cremation 4/25/1960 Cedar Hill 22d. LOCATION (City, town, or county) (Stote)  Suitland Maryland
VS A 1SM	15 (4)	23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey-Bethesda, Maryland  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 25'60  24b. REGISTRAR'S SIGNATURE

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ive. Silver sprio	J. D. Linbey, 1000s L. S.	1,000
	J. D. Cloboy, 10908 K. H.	
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Robert . Fursphrey-Beingsdn, Muryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ADDRESS

Bethesda. Maryland

24b. REGISTRAR'S SIGNATURE

Orthur S. Kraus

24g. REC'D BY REGISTRAR
DATE APR 1 9 '60

Q E Q S VS A1S (4) 1SM 9/SB

23. FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrey

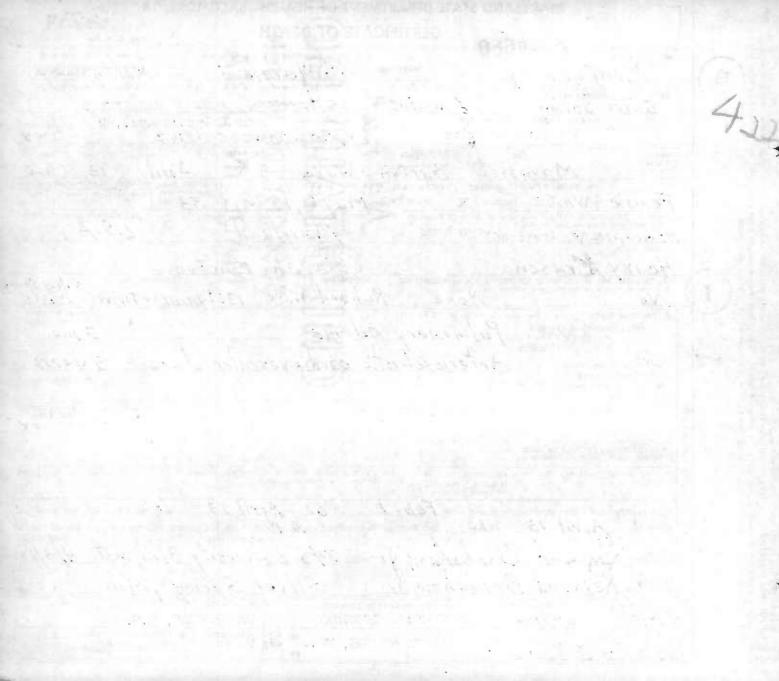
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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4830				Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY	MARYLAND	a. STATE	ere deceased lived. If institution b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Damascus	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside carporate limits, write RU	Montgomery  (RAL ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street or institution 9514 Pleasant Plains		d. STREET ADDRESS	leasant Plair	e. IS RESIDENCE ON A FARM? YES NO W
3. NAME OF First	Middle	Last	4. DATE Month	us mail
(Type or print)  Blanche		tkins	OF DEATH Apri	17 23 19 60
s. sex 6. color or race 7. MARR Female White widows		8. DATE OF BIRTH  March 16.18	9. AGE (In years lost birthday) 78 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) HOUSEWILLE	KIND OF BUSINESS OR INDU		or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
Levi W. Pearce		Marian		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		NFORMANT Iiss Marian	Watking Dom	assus. Md.
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	contributing to DEATH BUT  CRIBE HOW INJURY OCCURRED  VIURY OCCURRED   200. PL	ic Heart Di r-renal Di NOT RELATED TO THE TERMIN D. (Enter nature of injury in P	S10250 S0250.  NAL DISEASE CONDITION GIVE Port 1 or Port II of item 18.)	ONSET AND DEATH  2 yrs.  10 yrs.  EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO NO
20c. TIME OF INJURY Month, Day, Year 20d. It Haur a. m. 19 While at war!  21. I certify that I attended the decease alive an April 23, 19609  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	k at work	M.D.	28/60 , 19 , t M, fram the causes and ADDRESS (Street, city or town, s	that I last saw the deceased an the date stated abave.  DATE SIGNED 4/25/60  MASCUS, Md
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 4/26/60	22c. NAME OF CEMETERY OF DAMASCUS	alleria de la constantina della constantina dell	22d. LOCATION (City, town, or Damascus	r county) (State)
23. FUNERANDIRECTOR'S SIGNATURE	t ADDRESS Damas cu	240. REC'E	BY REGISTRAR 24b. REGIST	TRAR'S SIGNATURE

ely filled in by the funeral director, Pages 1 and 2 shauly be the d with may be refained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 of the registrar priar to burial, crematian, ar remaval, and in any event with the please death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24, TO HOSP

in after death. Page 4

VS A1S (4) 1SM 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) KRILL W MULL CC d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Private Home YES NO 3. NAME OF Middle 4. DATE · First Yeor DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH ASSE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours WIDOWED [ DIVORCED | 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), Abl. and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO cottse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [] 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I oftended the deceased from and that death occurred at 1230 AM, from the causes and on the date stated obave. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 226. DATE THEREOF 229-BURIAL, CREMATION, 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) poge REMOVAL (Specify) 60 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D 8Y REGISTRAR DATEPR 1SM 9/5S

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21/	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
se executed be	4706 Items 2, 3 & 8 Film G263 5/26/60 ink Reg. Dist. No.
please e 4 shauld	1. PLACE OF DEATH O. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE  D. COUNTY  D. COUNT
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r. Poge to burial	b. CITY OR TOWN (If out de corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If out de corporate limits, write RURAL and give nearest town)
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after 2, an 3y be 1 and	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
S may	Calvin Weidman Ida Korns
Poge 5	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) 1 (If yes, give wer or dates of service)  Address
Give	No George Weidman - Son
P.M.3.	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ]
0 - F 0	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
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EXAMINER the vef Medical R: Page 3 sk	
writin writin Mief A	21.   certify that I took charge of the remains described abave, held an Autapsy  , Inspection  , Inquiry  , and find that death resulted fram: Natural causes  , Accident  , Suicide  , Homicide  , Undetermined cause
A SOE	, visited [], visited [], visited [], visited [],
errificat For the L DIREC	SIGNATURE FRENCH I SWEEKELT M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
ME Certification of the control of the control of the control of the control of the certification of the certifica	ASSISTANT MEDICAL EXAMINER []
DEPT TO THE PROPERTY LE	NAME (Type) FLANK J. Broschart DEPUTY MEDICAL EXAMINER OF 4-1-60
forward of FUT	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
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VS. A15ME(5)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRÉSS 240. REC'S BY REGISTRAR'S SIGNATURE
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4733 CERTIFICATE OF DEATH

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urs after death. Page 4	in by the funeral director,	and 2 should be filled with	) ×	
TO HOSF OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Lrs after death. Page 4	may be revained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 2 hours after death.	(I	
aw requires that the death cer	rsician. been signed by the attending p	page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages I the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hears after death.		0
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DECEASED	
RURAL and give regrest town)  Rockville  d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 709 Brent Road  3. NAME OF DECEASED (First Middle Last Peach P	
OR INSTITUTION 709 Brent Road  709 Brent Road  NAME OF DECEASED (Type or print)  Fannie  S. WENNER  6. COLOR OR RACE White WIDOWED DIVORCED May 28, 1887  Month Open	)
Comparison   Com	FARM?
Female White WIDOWED DIVORCED May 28, 1887 72 yrs. 100 89% Hours On. USUAL OCCUPATION (Give kind of work done life even if retired)	rear 19 60
during most of working life, even if retired)	R 24 HRS Min.
moning, co. maryland oph	OUNTRY
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S. WAS DECEASED EVER IN U. S. ARMED FORCES? None 17. INFORMANT Niece Address None None Marie A. Long X 702 Maple Ave. Rockvill	le, N
INTERVAL BET ONSET AND DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	
, (c)	AUTOPSY RMED?
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20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m.  While Not while of wark	(Stote
21. I certify that (I) (this haspital) attended the deceased fram 2-6-60 19, to 2.6.60, 19, that (I) (we saw the deceased alive an 2.6.60 19, and that death accurred a 2.6.60, 19, that (I) (we saw the deceased alive an 2.6.60 19, and that death accurred a 2.6.60, 19, that (I) (we saw the deceased alive an 2.6.60 19, and that death accurred a 2.6.60 19, that (I) (we saw the deceased alive an 2.6.60 19, and that death accurred a 2.6.60 19, that (I) (we saw the deceased alive an 2.6.60 19, and that death accurred a 2.6.60 19, that (I) (we saw the deceased alive an 2.6.60 19, and that death accurred a 2.6.60 19, and that death accurred a 2.6.60 19, and the deceased alive an 2.6.60 19, and that death accurred a 2.6.60 19, and the deceased alive an 2.6.60 19, and that death accurred a 2.6.60 19, and the deceased alive and a 2.6.60 19, and the deceased alive an 2.6.60 19, and the deceased alive an 2.6.60 19, and the deceased alive an 2.6.60 19, and the deceased alive and a 2.6.60 19, and the deceased alive an 2.6.60 19, and the deceased alive and a 2.6.60 19, and the deceased alive an 2.6.60 19, and the deceased alive and a 2.6.60 19, and a 2.6.6	
22c. PHYSICIAN'S  NAME (Type)  22c. SIGNATURE  M.D. ATTENDING MED. STAFF PHYS.   22d. ADDRESS  22d. ADDRESS	SIGNEL
WILLIAM TRANK, M.D. 544 W. MON GOMERY DEKVILLE,  30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town) or county) (Stote)	14c
Burial Apr. 9, 1960 Rockville Cemetery Rockville Maryland  4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	

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CERTIFICATE OF DEATH

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	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  3. COUNTY MA  4. COUNTY  5. COUNTY  6. COUNTY  7. TATE
	Maryland 6. COUNTY Montgomery
ŧ	D. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)
7	TAKOMA PARK 1/20/60 6 4/23/60 Silver Springs
,	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?  YES IN NO.
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- 1	NAME OF Lost 4. DATE Month Day Yeor DECEASED Type or print)  1
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	WIDOWED DIVORCED 6-30-1898 last birthday) yrs. Months Days Hours Min.
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1	LUB MANAGER Retired (clubs) Austria American
3.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Israel Wexler Sarah Bieber
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, pire, may go schemes of service) 318-01-7976 LED M. TREITEL-4337 NICHELS ATES
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
	PART I. DEATH WAS CAUSED BY:
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	Conditions, if ony, which) (b) Protection of Traples and Union of 4 /EARS
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	cause (o), storing the under-
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
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CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State
EDI	Hour a.m.  While Not while foctory, street, office bldg., etc.)
2	
	21. I certify that (1) (this hospitol) attended the deceased from 704 1960, to APRICA 1960 that (1) (we) la
	sow the deceased olive on 1960, and that death occurred A.M., from the couses and on the date stated above
	226. SIGNATURE  ATTENDING  MED. PHYS. STAFF  PHYS. DIRECTOR PHYS. 122b. DATE  SIGNATURE  OF THE PHYS. 122b. DATE  ATTENDING MED. PHYS. 122b. DATE  SIGNATURE  OF THE PHYS. 122b. DATE  ATTENDING MED. PHYS. 122b. DATE  SIGNATURE  OF THE PHYS. 122b. DATE  ATTENDING MED. PHYS. 122b. DATE  SIGNATURE  OF THE PHYS. 122b. DATE  ATTENDING MED. PHYS. 122b. DATE  SIGNATURE  OF THE PHYS. 122b. DATE  ATTENDING MED. PHYS. 122b. DATE  SIGNATURE  OF THE PHYS. 122b. DATE  OF THE PHYS. 122b. DATE  ATTENDING MED. PHYS. 122b. DATE  OF THE PHYS. 12b. DATE
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1	NAME (Type) PIREPT L KIPIC HINGR
220	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or sounty) (Stote)
13	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or gounty) provided for the court of
1	Carly out of the state of the s
4.	FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
6	W. CHAMOERS CO WASH. D.C. DATE ADR 26'60 Cirlun S. Kraus

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 are after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

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deo deo deo deo		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	OUNTRY
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20.0-		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
4 hour oges 1 ge 5 m poges	1	Luther C. Winters Josephine Rhodes	
Poge oge	(-)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Address	
i i i		yes W. War II 232-26-2587 Cuma climtus (wife) Them 2	
P. G. B. G. B. M.3.	0	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	N
uted w rm PM permit		PART I. DEATH WAS CAUSED BY: Carbon-Monoxide poisoning	
ten Iten Insit		892.9 DUE TO	
be exect in the with fo		Conditions, if ony, which ) (b)	
ong Priol	7	gave rise to immediate cause (a), stating the underlying DUE TO	
Shore of b		cause last. (c)	
os die	^	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AI PERFOR	UTOPSY
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T SX S		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County)	(State)
Ne he icol	VV	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, slreet, office bldg., etc.) foctory, slreet, office bldg., etc.)	
AMINER: ing the w Medical I Page 3 sh		21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . and fi	nd the
EX in in it		death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined cause	nd me
CTO CTO			
MEDICA rlificate, to the C		SIGNATURE THANK O STORCHART M.D. CHIEF MEDICAL EXAMINER [] DATE SH	GNED
ME AL DI	1	ASSISTANT MEDICAL EXAMINER	
DEPT CONTROL OF THE PROPERTY O	d	EXAMINER'S FLANK J. BLASERZH DEPUTY MEDICAL EXAMINER & 4-8-60	
		22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fawn, or county) (State)	
5 2 5	2 (1)	TRANS. BUR AL 4/11/60 NORTH GLADE CEMETERY SWANTON, MARYLAND	
VS. A15ME(5)	1	23. FUNERAL DIRECTOR'S SIGNATURE SILVER SPRING, MD. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
5M 9/55	3	Charmeter a state DATE 150 - 9 Keeple	
	-	APA	

22c. NAME OF CEMETERY OR CREMATORY

CEMETERY

R 7 6 '60

Day

Days

(County)

e. IS RESIDENCE ON A FARM?

YES NO

19

Hours

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13005 Artic Ave. Rockville, Md.

> INTERVAL BETWEEN ONSET AND DEATH

> > PERFORMED? YES NO A

> > > (State)

22d. LOCATION (City, town, or county) (State) COUNTY, MARYLAND MONTGOMERY 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

Cirthur & Krous

TO FUNERAL abod VS A15 (4) 15M 9/58

the

PHYSICIAN'S

NAME (Type)

BURIAL

REMOVAL (Specify)

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220. BURIAL, CREMATION, 22b. DATE THEREOF

4/26/60

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4832 **CERTIFICATE OF DEATH** M TO HOSP OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 as after death. Page 4 may be reitained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

Reg. Dist. No. 7

1	n. PLACE OF DEATH o. COUNTY Montgomery			MAR	YLAND	2. USUAL RESIDENCE (* g. STATE Florida	Where decease	b. COUNTY			asion)
	b. CITY OR TOWN (IF RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY	r IN 1b	c. CITY OR TOWN (I	If outside corp	orote limits, write R	URAL ond gi	ve nearest lov	vn)
1	Bethesda			47 days		Orlando			1	+8X-	3
	d. NAME OF HOSPITA	AL (If not in hospitol, g	ive street	address)		d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
1		al Center,	Betl	nesda 14, 1	Md.	128 East	Evans I	Avenue			NO [3]
	3. NAME OF DECEASED	Fir	st	Middle	8	Last	4. DATE	Mor	ith	Day	Yeor
	(Type or print)	Samue		Winbor		Young	DEATH	April		16	1960
ı	5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARR	IED 🔲 8	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1	YEAR IF UND	
	Male	White	WIDOW	ED DIVORCE	ED 🔀	May 24, 19	22	37 yrs.	Months [	Doys Hours	Min.
	10a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUS			country)	12. CITIZ	EN OF WHAT	COUNTRY?
	Service Su			Airlines		North	Caroli	ina	U	.S.A.	
	13. FATHER'S NAME			4 6 7	500	14. MOTHER'S MAIDEN	NAME				
	Bernard A.	Young	-211			Stacy Ph	illips				
1	5. WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO	D. IN	FORMANT The M		Record Add	ress		
	Yes	WW II		16-14-9293		Clinical C				arylan	d
1		TH [Enter only one co			.]					INTERVAL B	ETWEEN
1	PART I. DEAT	H WAS CAUSED BY:	Mass	sive intra-	-abdo	minal hemor	rhage			24 ho	Urs
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	lying couse lost.		Bila	ateral adre	enal.	hyperplasia				8 yea	rs
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		UNDERLYING UCAUSE OF DEATH	20b. DES	CRIBE HOW INJURY C	CCURRED	. (Enter noture of injury i	in Port 1 or Po	rt II of item 18.)			
-	20c. TIME OF INJURY Hour o. m.	Month, Doy, Yes	While	NJURY OCCURRED  Not while  t ot work	20e. PLA foct	CE OF INJURY (Home, fo ory, street, office bldg., (	orm, 20f. (Cit	y or town)	(Co	ounty)	(Stote)
1	21. I certify the	at Lattended the	deceas	ed fram Febra	larv	29, 19.60, ta	April 1	6 1960	that I les	t saw the	decent
	alive an Apri		19 (	60 and that	death	accurred at 9:58	A M from	the causes an	d an the	data stata	d abava
I		J_ / .	0	A \	deam	accorred dig		itreet, city or town,			TE SIGNED
١	ACTUAL SIGNATURE	utas W.	di	del		The Clin	ical C	enter		1. /-	16/60
			-					stitutes			TOTOR
	PHYSICIAN'S NAME (Type)	ICTOR W. S	IDEL,	M. D.		Bethesda				al UII	
-	220. BURIAL, CREMATION	, 22b. DATE THEREO	F	22c. NAME OF CEM	ETERY OR			TION (City, town,		(Sto	ote)
	REMOVAL (Specify) Burial	4/19/		THE RESERVE TO SERVE THE PARTY OF THE PARTY		Meth Ch.		ilford			olina
12	3. FUNERAL DIRECTOR'S			ADDRESS	are		C'D BY REGIS		STRAR'S SIGI		GITH
	Robert A.	Pumphre	v B	ethesda.	Mar		4 /		Inthun 2	- 4 -	

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1710 CERTIFICATE OF DEATH

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	2110						
1. [	PLACE OF DEATH  O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Montg.					
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	11 rung run					
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDEN. ON A FARM					
-0	Mashington Jan. + Stusp	Prescott Rd. YES NO					
1	NAME OF DECEASED (Type or print)  Matilda Elizab.	Last 3. DATE Month Day Year DEATH April 10 196					
S. S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   DIVORCED	B. DATE OF BIRTH  9. AGE (In years lost birthday)  4/-23-95  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24   Months   Days   Hours   M					
10a	D. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR IND during most of warking life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN					
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
-	William Quade	Alena ieta Hanning					
15.	WAS DECEASED EVER IN U. S. ARMED FORCES?  If yes, give wor or doles of service)  None	Morant Reads					
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b); and (c).]	INTERVAL BETWEE					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock - //	emortiage 36 le					
	Conditions, if any, which gove rise to immediate (b) Ruptuse 4	Dissecting Anewyom Arch Arta 36 le					
	couse (a), stating the under. DUE TO  lying couse lost. (c) Athros clara	sis Horta year					
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTO- PERFORMET YES NO					
CERTIFI	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Port II of item 18.)					
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Hour a. m. While at wark of wark	PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (S foctory, street, office bldg., etc.)					
	21. I certify that (I) (this haspital) attended the deceased from 4/8 1960, ta 4/10 1960, that (I) (we) last						
	saw the deceased alive an 4/10 1960, and that death accurred at 330 M, fram the causes and on the date stated abave.  22a. SIGNATURE  N.D. ATTENDING PHYS.   PHYS.   PHYS.   PHYS.   PHYS.						
	22c. PHYSICIAN'S NAME (Type) MARVIN L. LOLKIN	22d. ADDRESS 8485 Fenton Street, 95,					
230	o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL 4/12/60 GROUPE I	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)  Vashington Prince George Co., Md.					
24.	FUNCTAL PRECTOR'S SIGNATURE ADDRESS Damascus	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					

may be scanned by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death. TO HOSP VR A15 (4) 15M 9/59

rs after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TOSLAS VALLED TO SERVER TRANSPORT . . . NAME OF STREET, AND ADDRESS OF THE PARTY OF